

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8929

State File No. _____

791 Primary Registration District No. 1003

Registrar's No. 2412

Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4402 Oakland Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4402 Oakland Ave

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4402 Oakland Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Stella Kirchner

3. (b) If veteran, name war ***** 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Kirchner 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 13 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 7 28 hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Kire Barton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Loellie Hutchings

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Kirchner
 (b) Address 4402 Oakland Ave

17. (a) Burial (b) Date thereof March 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Peetz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) MAR 12 1940 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 No Physician in attendance
 20. DATE OF DEATH: Month 10th day March
 year 1940 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Intra Pericardially from perforation of Aneurysm. Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 3/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.