FILED APR 1 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9266

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2749

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yr. 11mo. 8days (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13 (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Kirk

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May (Month) 9 (Day) 1866 (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER 12. Name David Kirk

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

MOTHER 14. Maiden name Sarah Unknown

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

16. (a) Informant's own signature J. L. Sullivan

(b) Address 5800 Arsenal St.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 3-26-40. (Month) (Day) (Year)

(c) Place: burial or cremation Princenton, Ky.

18. (a) Signature of funeral director Leidner and Co.

(b) Address 1417N. Market St.

19. (a) MAR 25 1940 (Date received local registrar) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1940 hour 11:15 minute A.M.

21. I hereby certify that I attended the deceased from April 16, 1936 to Mar. 24, 1940 that I last saw him alive on Mar. 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion.	
Due to: Chronic myocarditis.	
Due to: Arteriosclerosis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None.	
Of autopsy None.	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James P. Murphy (M. D. or other)

Address 5600 Arsenal St. Date signed 3-24-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 Homer L. Conder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.