

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17210**
Registrar's No. **4688**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County NA
(c) City or town East St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1577 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2nd
year 1940 hour 0 58 min. 15 M.
21. I hereby certify that I attended the deceased from 5/2/40
to 5/2/40, 1940,
that I last saw him alive on 5/2/40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
Due to Marked atherosclerosis
Due to 1570
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations Patent Foramen Ovale & ductus Arteriosus
Of autopsy Marked atherosclerosis & congestion of both lungs, enlarged thymus, complete absence of spleen

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? _____

3. (a) PRINT FULL NAME Maurice Kirkwood 623

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 80th 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Kirkwood

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

14. Maiden name Josephine Wilborn

15. Birthplace East St Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Kirkwood - mother

(b) Address 1077 Broadway East St Louis Ill

17. (a) burial (b) Date thereof 5-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director Wm Hamilton

(b) Address City Health Dept.

19. (a) MAY 28 1940 (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H.H. Weathers (M. D. or other) 640
Address 1241 Bignell Ave Date signed 5/2/40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.