No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30473
7750

Registration District No. 791 Primary Registration District No. 1003 Registrar's 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: St. Lukes Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7339 Hoover Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank M. Irwin
3. (b) If veteran, name war
3. (c) Social Security No. 702-09-7244
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily Moon Irwin
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 12 (Month) 17 (Day) 1869 (Year)

8. AGE: Years 70 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Pittsburg (City, town, or county) Pa. (State or foreign country)
10. Usual occupation Conductor-Retired
11. Industry or business St. Louis & Southwestern R.R.

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily Irwin
(b) Address 7339 Hoover Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 18 (Day) 1940 (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Clayton Rd. at Concordia Lane
19. (a) SEP 17 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16 year 1940 hour 4 minute 55 A. M.
21. I hereby certify that I attended the deceased from 9/4/40, 19 to 9/15/40, 19; that I last saw him alive on 9/15/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular-Ventricular Heart Block (Adams-Stokes)	1 year
Due to Chronic Myocarditis	
Due to General arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Hiram L. Leggett (M. D. or other) M.D.
Address 3720 Washington Blvd. Date signed 9/16/40

(Licensed Embalmer's Statement on Reverse Side)

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. 1994

P. O. Address Clayton, Missouri.

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, fact should be so stated above.