No. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5256

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1504

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

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: 3635 S. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")

(d) Street No. 3635 S. Broadway 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John L. Kirtz

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Kirtz

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

7. Birth date of deceased June 24, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	7	21	hr. min.

9. Birthplace St. Louis, 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Furniture Dealer

FATHER
12. Name Louis P. Kirtz
13. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Loesch
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis Kirtz
(b) Address 3635 S. Broadway

17. (a) Removal-Motor (b) Date thereof 2/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Illinois

18. (a) Signature of funeral director Wick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) (Date received local registrar) FEB 15 1941 (b) J. H. Bredeck (Registrar's signature)

20. DATE OF DEATH: Month Feb. day 14th
year 1941 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Lobar Pneumonia	
Due to (Primary)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Kerry (M. D. or other)
Address Deputy Coroner Date signed 2/15/41

(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. 3722

P. O. Address 412 Duchouquette St

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

If this body is not embalmed, fact should be so stated above.