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23159

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

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3143

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:
Central Hospital
(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)

3. (a) PRINT FULL NAME Joe Kirtman

3. (b) If veteran, name war None 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sadie Kirtman 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 8, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Woodworker

11. Industry or business Schaefer Wrecking Co.

12. Name Herman Kirtman

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

14. Maiden name Mary Nunkamp

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

16. (a) Informant Sadie Kirtman

(b) Address Baden, Station, Mo.

17. (a) Burial (b) Date thereof 4/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Bellefontaine

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) App 10 1041 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Baden Station, Mo. NR
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1941 hour 8.45 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Mar 19 - 41 to April 10 1941
that I last saw him alive on April 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute parenchymatous Duration

Due to.....

Due to.....

Other conditions hemorrhagic jaundice
(Include pregnancy within 3 months of death)

Major findings: ball stone
Of operations cholecystotomy

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) no

(b) Date of occurrence.....

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

While at work? none (e) Means of injury none

23. Signature Dr. J. J. Brudek (M. D. or other)
Address 2243 Grand Date signed 4-10-41

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.....

Stormy Eynck

Licensed Embalmer No.....

1284

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, fact should be so stated above.