

FILED AUG 28 1941 791

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(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:
721 Walton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dean Michael Kirk**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **October 9 1940**
(Month) (Day) (Year)

8. AGE: Years **XXX** Months Days If less than one day
about 8 mo. hr. min.

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

10. Usual occupation

11. Industry or business

12. Name **Frank Kirk**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruby Alfred**

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

16. (a) Informant **Frank Kirk**

(b) Address **721 Walton**

17. (a) **Burial** (b) Date thereof **7/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

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

(b) Address **4254 Manchester**

19. (a) **JUL 3 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **721 Walton**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1**
year **1941** hour **6.00 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Broncho Pneumonia Primary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations **107a**

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature **Alfred J. [Signature]** (M. D. or other) **B**

Address **Deputy Coroner** Date signed **7/3/41**

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. *1284*

P. O. Address *St. Louis Mo*

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

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