

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 7 1942 791  
Registration District No. ....

1003  
Primary Registration District No. ....

Registrar's No. 3840

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:  
Pronounced dead City Hosp #1  
(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 517  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5183 Raymond Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME DAVID KIRK

3. (b) If veteran, name war World 3. (c) Social Security No. 494-05-0935

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

6. (b) Name of husband or wife Eva Kirk 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased November 16, 1909  
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 11 If less than one day  
hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business F. J. MODER 218 Mar Auto 458 N. Boyle

12. Name David Kirk

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

14. Maiden name Theresa (unknown)

15. Birthplace Hamburg 5, Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva Kirk

(b) Address 5183 Raymond Ave

17. (a) Burial (b) Date thereof April 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 123 259 Union Blvd

19. (a) MAY 29 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day April  
1942 hour 8:30 minute 17 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.

Immediate cause of death Shotgun wound in chest, self inflicted in the basement of his home 5183 Raymond Ave on April 27, 1942, exact time unknown  
Due to.....  
Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations.....

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 27, 1942

(c) Where did injury occur? St. Louis, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? None (Specify type of place)  
(e) Means of injury Gun

23. Signature Thomas A. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 4/29/42

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

MOTHER FATHER

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 Bernard J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union Blvd

**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.**