U. S. No. 2
10M—5-43
Rev. 5-1-43
Form 1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED MAY 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12369

State File No. .....

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 4237

1. PLACE OF DEATH:

(a) County: St Louis, MO

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Weeks (Specify whether years, months or days)

In this community: 17 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17

(c) City or town: St Louis 916 (If outside city or town limits, write "RURAL")

(d) Street No.: 3925A Utah (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Alois Kirchhoff

3. (b) If veteran, name war: No

3. (c) Social Security No. 491-18-2725

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Hortense

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: July 7th 1891 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Office Worker

11. Industry or business: .....

FATHER 12. Name: Joseph Kirchoff

13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER 14. Maiden name: Margaret Bollwerk

15. Birthplace: St Louis, Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. Hortense Kirchoff

(b) Address: 3925 A Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/8/43 (Month) (Day) (Year)

(c) Place: burial or cremation: New St Peter & Paul Cem.

18. (a) Signature of funeral director: Oscar J. Hoffmeister

(b) Address: 4016 Chippewa

19. (a) MAY 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5 year 43 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4-16-43, 19..., to 5-5, 19 43; that I last saw him alive on 5-5, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	4 months
+ Rheumatic Hrt Disease	9
+ Hypostatic Pneumonia, Bronchial	1 week
Due to: 107	
Other conditions (Include pregnancy within 3 months of death): Mitral Stenosis - Infarct of spleen	

Major findings:
Of operations: .....
Of autopsy: Rheumatic Hrt Disease - Subacute Bacterial Endocarditis - Mitral Stenosis, Mural Thrombus - L Auricle - Hypostatic Pneumonia - Infarct of spleen

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: G O Brown (M. D. or other) MD

Address: Firmin Desloge Hosp Date signed: 5-6-43

(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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnic

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.