V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31355

FILED OCT 9 1943

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 294.

16
1
4

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 8 South Benton Street 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bernhard A. Kirn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Threasa Worth

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

7. Birth date of deceased February (Month) 17 (Day) 1870 (Year)

8. AGE: Years 73 | Months 7 | Days 3 | If less than one day hr. min.

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

10. Usual occupation Retired Maintainance man

11. Industry or business for First National Bank

FATHER
12. Name Bernhard Kirn Sr.
13. Birthplace r (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Renner
15. Birthplace Biehle (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Miss Irma Kirn
(b) Address Cape Girardeau, Mossiuri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetary

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 9-24-43 (Date received local registrar) (b) F. H. Philips (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-18, 1943, to 9-20, 1943;
that I last saw him alive on 9-20-, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis Ch.

Due to

Due to

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

Major findings:
Of operations

Of autopsy

93d

Duration

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 [signature] (M. D. or other) MD

Address Cape Girardeau Date signed 9/22

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2806

Date Filed 10-6-43

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 Howard L. Hamm

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.