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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 20030711

Primary Registration District No. 6076

Registrar's No. 2378

1. PLACE OF DEATH: St Louis

(a) County St Louis

(b) City or town KOCH

(c) Name of hospital or institution: Robt Koch Hosp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo, 7 days

In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County -

(c) City or town St Louis

(d) Street No. 3306 a RUTGER

(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country 1

3. (a) PRINT FULL NAME IRONS, ERNEST

3. (b) If veteran, name war World War I

3. (c) Social Security No. 499-01-9100

4. Sex M 5. Color or race c

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife Bessie

6. (c) Age of husband or wife if alive 1884 years (Month) (Day) (Year)

7. Birth date of deceased march 1 1884

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1943 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from July 13 1943 to Oct 20 1943 that I last saw him alive on Oct 20 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 7 Days 19 If less than one day hr. min.

Immediate cause of death Pulm. Tuberculosis Duration 4 mo +

Due to .....

Due to .....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation margue keeper

Major findings: Of operations 12 P!

11. Industry or business

Of autopsy .....

Underline the cause to which death should be charged statistically.

12. Name ?

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

14. Maiden name LUCY

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

16. (a) Informant Hospital Record

(b) Address Robt Koch Hosp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 26 43 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Chas. L. Ed. Binnie Howell

(b) Address 23 9237 Gambler St

19. (a) OCT 23 1943 (Date received local registrar) (b) E. D. McDevant (Registrar's signature)

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) (b) Means of injury .....

22. Signature Frank Cohen (M. D. or other) D

Address Robt Koch Hosp Date signed 10/21/43

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

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101

OCT 22 1968

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**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 Charles L. Howell

Licensed Embalmer No. 2452

P.O. Address 12834 Hamble

**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.**