

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. John's Hospital  
(d) Length of stay: In hospital or institution 12/2/43 - 12/10/43  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 17  
(c) City or town St. Louis 94  
(d) Street No. 6154 West Park Ave.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. KIRBY  
(b) If veteran, name was none  
(c) Social Security No. 95-16-9945

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 10<sup>th</sup>  
year 1943 hour 1:30 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Myrtle Kirby  
7. Birth date of deceased Dec. 9<sup>th</sup> 1882

21. I hereby certify that I attended the deceased from 12/2 1943 to 12/9 1943  
that I last saw him alive on 12/9 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 1  
If less than one day hr. min.

Immediate cause of death Bronchopneumonia  
Duration 3 wks

9. Birthplace St. Louis Mo.

Due to Acute Heart Failure  
Due to Myocarditis  
Duration 3 months

10. Usual occupation Machinery Adjuster

Other conditions 92  
(Include pregnancy within 3 months of death)

11. Industry or business Small Arms Plans

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

12. Name William Kirby  
13. Birthplace England 4  
14. Maiden name Julia Finnelly  
15. Birthplace Ireland 4

16. (a) Informant Myrtle Kirby  
(b) Address 6154 West Park Ave.

17. (a) Burial (b) Date thereof 12-13-43  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director  
(b) Address 4228 So. Kingshighway

19. (a) DEC 10 1943 (b) J. F. Brooks  
(Date received local registrar) (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?  
(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 J. B. Douglas (M. D. or other) M.D.  
Address 1139 Bellvue Date signed 12/10/43

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

MOTHER FATHER

Mr. Conditio A 3737  
1139 Bellvue ave  
30-5

**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 Edwin A. Mc Dermott

Licensed Embalmer No 3024

P. O. Address.....

**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.**