

S. No. 2
DOM-2-43
Rev. 5-17-39
P I X3697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5356

FILED MAR 6 1944
813

State File No.

1933

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2948 1/2 Washington Ave
(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) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 2948 1/2 Washington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JAMES M KIRKSEY

3. (b) If veteran _____ name war _____

3. (c) Social Security No. unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th
year 1944 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 30-43
1943 to Febr. 19 1944
that I last saw him alive on January 17 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race negro

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

6. (b) Name of husband or wife Susie Kirksey

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: _____
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>alt</u>	<u>65</u>			hr. min.

Immediate cause of death Cirrhosis of the Liver

Due to Gastro-Intestinal Disease

Due to Alcoholism

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

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name James Kirksey Sr.

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

14. Maiden name Unknown

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

16. (a) Informant Susie Kirksey

(b) Address 2948 Washington

17. (a) Burial (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Jackson

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) FEB 27 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Joseph H. Schray (M. D. or other) _____
Address 2570 N. Grand Blvd. Date signed 2-26

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 Louis V. Atkinson

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.