S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 1003

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 13000

Registrar's No. 4186

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4929 Mc Pherson 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)

2. USUAL RESIDENCE OF DEACESED: 004

(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 12
(d) Street No. 4929 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Kirchhoff.

3. (b) If veteran, name war no

3. (c) Social Security No. 489-01-7596

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Kirchhoff.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. (Month) 3rd (Day) 1886 (Year)

8. AGE: Years 57 Months 9 Days --- If less than one day hr. min.

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

10. Usual occupation Auto Salesman

11. Industry or business Sidney Weber Co.

FATHER
12. Name Frank Kirchhoff.
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Fischer.
15. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Mrs. Mary K. Kirchhoff.
(b) Address 4929 McPherson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cem

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) MAY 5 1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1944 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1944, to 5-3-1944 that I last saw him alive on 5-3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature (M. D. or other)
Address Humboldt Bldg Date signed 5-4-44

(Licensed Embalmer's Statement on Reverse Side)

Carl Reis
3604 Washington
JE-1800
11 to 6 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.