No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16457

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4777

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 3-21-44-5-22-44 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 919
(If outside city or town limits, write "RURAL")

(d) Street No. 3729 Olive
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Irwin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W. 0

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

6. (b) Name of husband or wife Marie Irwin

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

7. Birth date of deceased December 25, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	27	hr. min.

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

10. Usual occupation MAINTENANCE MAN

11. Industry or business BOYDS.

FATHER
12. Name Grimes E. Irwin
13. Birthplace ? 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clifton
15. Birthplace Ireland? 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal

17. (a) BURIAL (b) Date thereof 5-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 Lindell Bl.

19. (a) MAY 24 1944 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5- day 22
year 1944 hour 5 minute 20 p. M.

21. I hereby certify that I attended the deceased from 3-21-44
, 19 , to 5-22-44 , 19 ;
that I last saw him alive on 5-22-44 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 1

Due to 2

Due to 3

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

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 R. W. Maxwell (M. D. or other) 0

Address 5600 Arsenal St Date signed 5-23-44

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.