DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19907

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5336

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: Bethesda Gen. Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months - 25 days (Specify whether

In this community 5 months 28 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemay 0 (If outside city or town limits, write "RURAL")

(d) Street No. 750 Erskine (If rural, give location) NR

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

If yes, name country

3. (a) PRINT FULL NAME Edward Kircher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 14 (Day) 1943 (Year)

8. AGE: Years | Months 5 | Days 28 | If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Edward James Kircher
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name June Rose Kuin
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Edw. Kircher

(b) Address 750 Erskine St. Louis Co.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director Kendall Mich C

(b) Address 7420 Michigan Ave

19. (a) JUN 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 14, 1944 to June 12, 1944 that I last saw him alive on June 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital spastic diplegia	5 mos 28 days
Due to: Cerebral birth injury	
Due to: 160 C	
Other conditions: Broncho-pneumonia, terminal (Include pregnancy within 3 months of death)	2 days

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. S. Zahorsky (M. D. or other) M.D.

Address 536 N. Taylor St. Louis 8 Date signed 6-12-44

(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 John Ozonoski

Licensed Embalmer No. 3398

P. O. Address.....

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

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