

U.S. No. 2
FORM 5-43
REV. 5-17-39
X 36871

FILED JUL 14 1945
318

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel N. Kirby

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male / 5. Color or race White / 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 22, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	3	hr. min.

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

10. Usual occupation Lawyer

11. Industry or business

12. Name Elias B. Kirby

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

14. Maiden name Caroline L. Noyce

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

16. (a) Informant Mr. Julian N. Kirby
(b) Address St. Paul, Minn.

17. (a) burial (b) Date thereof 6/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) JUN 27 1945 J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis, 912
(If outside city or town limits, write "RURAL")

(d) Street No. 320 Union Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour six minute 55 p.M.

21. I hereby certify that I attended the deceased from June 9, 1945, to June 25, 1945; that I last saw him alive on June 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Post operative hemorrhage
Duration 9 hours

Due to Transurethral resection of prostate - done at 10am - Done for relief of urinary retention
3 mos

Other conditions: Chron Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/26

Of autopsy: Numerous gall stones in gall bladder in ducts
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) (a) Means of injury

23. Signature Walter Fickel (M. D. or other)
Address 3720 Washington Date signed 6.26

14. L. ...
32. 1. ...

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

Melvin L. Keiper

Licensed Embalmer No. *4052*

P. O. Address *4005 Lexington*

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.