

U. S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 506
Registrar's No. 427

FILED JAN 25 1948
Registration District No. 318

Primary Registration District No. _____

17
9

2706

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. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter Lee Kirgan

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mabel Kirgan

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. 27 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Feed Business

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Kirgan

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

14. Maiden name Frances Wilkens

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

16. (a) Informant Ray Kirgan

(b) Address 3834 Chippewa

17. (a) Burial (b) Date thereof 1-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sr. James, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 14 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town St. James 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased Jan 13 1948
that I last saw him alive on Jan 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis -
My pericarditis -
fracture with embolus

Due to _____

Due to _____

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

Major findings: Fracture of skull
die 7-1945

Of autopsy: _____

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? _____

23. Signature W. L. Moore (Specify type of place) _____
(e) Means of injury _____

Address 4700 Washington Blvd. Date signed 1/14/48

(Licensed Embalmer's Statement on Reverse Side)
Walter L. Moore

NR0

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Blair R. Padwell
Licensed Embalmer No. 4077
P. O. Address.....

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.