

FILED JUL 30 1946

State File No. _____
Registrar's No. 1540

Registration District No. _____ Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home & Sanatorium 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/8/44 to 7/22/46
(Specify whether
In this community 12/8/44 to 7/22/46
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town W. WALNUT MANOR
(If outside city or town limits, write "RURAL")
(d) Street No. 5302 HAMILTON AVE.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ROSE KIRN

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife WILLIAM KIRN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 2 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 20 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country) 11

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER } 12. Name HERMAN GIBAINS
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4
14. Maiden name TERESA TEPPER
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant MRS. R. L. SOUBAS

(b) Address 5302 HAMILTON AVE

17. (a) Burial (b) Date thereof 7-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S. S. PETER Y PAUL CH.

18. (a) Signature of funeral director Calvin J. Deutz, Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 7-29-46 (b) E. J. M. GORAN
(Date received local registrar) (Registrar's signature) no SA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1946 hour 8:35 minute P M.
21. I hereby certify that I attended the deceased from Feb 3
1946, to July 22 1946
that I last saw her alive on July 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
Due to Gen'l arteriosclerosis

Due to 93 d

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 218

23. Signature C. J. Deutz (M. D. or other) 218
Address Creve Coeur, Mo. Date signed 7-27-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76

40700

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 Ralph Sanders
Licensed Embalmer No. 4275
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.