

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

FILED FEB 3 1948 229

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1852
Registrar's No. 67

Registration District No. _____ Primary Registration District No. 5809

1. PLACE OF DEATH:
 (a) County Montgomery Rural - U.S. Highway #70
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME BERKLEY M. KIRSCHMAN
 3. (b) If veteran, name war World War # II 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 Jan 4, 1925
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>		<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Morris Kirschman 14. Maiden name Lillian Fubner
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Reinhold Kirschman
 (b) Address 5216 Delmar - St. Louis, Mo.

17. (a) Removal (b) Date thereof January 26, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.
 18. (a) Signature of funeral director Reinhold Kirschman
 (b) Address 5216 Delmar - St. Louis, Mo.
 19. (a) 1-30-48 (Date received local registrar) (Registrar's signature) James O. Nelson M.D.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Clayton 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6444 San Bonita 3
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 26th
 year 1948 hour 10 - minute 4 P.M.
 21. I hereby certify that I attended the deceased from viewed
26th JAN 48, 1948, to _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Craniocerebral
Cavity (MENINGEAL)
 Due to BASIL FRACTURE
OF SKULL
 Due to TRAUMATIC INTURY

Other conditions - FRACTURE RT HUMERUS
 (Include pregnancy within 8 months of death)
RIGHT - Ulna Radius -

Major findings: of emphysema, + Crushed
Spleen
 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) Accident - AUTO
 (b) Date of occurrence 26 JANUARY 1948 70
 (c) Where did injury occur: Highway 40 - Montgomery Co Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 40 - 3 miles west of Clayton
 (Specify type of place)
 While at work? no (e) Means of injury auto accident
 23. Signature Clive W. Bennett (M. D. or other) DDS Crowe
 Address Montgomery, Mo. Date signed 26 Jan 48

Call with other m. vehicle

MAY 5 1948

FEB 10 1948

FEB 6 1948

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.....
E. Boone Schlanke

Licensed Embalmer No. *4136*

P. O. Address. *Montgomery City, Md.*

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.