

No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6591**
Registrar's No. **1656**

Registration District No. **318** Primary Registration District No. **1003**

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:
3647 Dodier St.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 030
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3647 Dodier St. 9
10 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John H. Kirtman,
(b) If veteran, name war No
(c) Social Security No. 4994-26-2850

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16
year 1948 hour 9 minute 00 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Edith Kirtman
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

7. Birth date of deceased. June 24 1887
(Month) (Day) (Year)

Immediate cause of death Thrombulation of coronary arteries
when deceased was found hanging by the neck by a piece of rope
fast to a pipe beam in the
transom in the rear bedroom
last for some 3 1/2 weeks on
Feb. 16, 1948 at about 4:01 PM

8. AGE: Years Months Days If less than one day
60 7 22 hr. min.

Other conditions made pregnancy within 3 months of death
Major findings: Temporary Mental Aberration
Of operations.....
Of autopsy 164

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business.....
12. Name Henry Kirtman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dreyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Feb 16 1948
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
While at work?.....
(Specify type of place) (Means of injury)

16. (a) Informant Mr. Jacob Hense
(b) Address 3647 Dodier St.
17. (a) Burial (b) Date thereof 2-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Bldg.
19. (a) FEB 18 1948 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 2/18/48

