No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2792

FILED APR 3 1948

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff Memorial
(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

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

(d) Street No. 6805 Waldemar Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROY IRBY

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-1687

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ethel

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

7. Birth date of deceased Nov. (Month) 4th (Day) 1887 (Year)

8. AGE: Years 60 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Tobacco worker

11. Industry or business

FATHER
12. Name Franklin Irby
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Ethel Irby
(b) Address 6805 Waldemar Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation St.Matthews Cemetery

18. (a) Signature of funeral director Jay B.Smith
(b) Address 7456 Manchester Ave.

19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1948 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from 3/17/48, 19, to March 20th, 1948 that I last saw him alive on March 20th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Esophagus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. Wombler (M. D. or other)
Address 1515 Lafayette Date signed 3/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

none

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.