No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10361

FILED APR 3 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2844

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4438 Chouteau
(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 life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4438 Chouteau 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 18 0
If yes, name country

3. (a) PRINT FULL NAME Annie Kirkwood
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Robt. W. Kirkwood
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased July (Month) 30 (Day) 1869 (Year)

8. AGE: Years 78 | Months 7 | Days 21 | If less than one day br. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Thomas Baldwin
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Matilda Meeks
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Kirkwood
(b) Address 4438 Chouteau
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Alexander Sono
(b) Address 6175 Delmar
19. (a) MAR 23 1948 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1948 hour 10: minute 00 P.M.

21. I hereby certify that I attended the deceased from May 4 1947 to March 20 1948 that I last saw h. alive on March 20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, chronic	6 wks
Due to Carcinoma of colon, recurrent.	
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 Anthony B. Day (M. D. or other)
Address 3720 Washington Date signed 3-22-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Day.
3720 Washington.

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 Thomas R. Senwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.