

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lix & Warrick Ave 1
(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 24 yrs

3: (a) PRINT FULL NAME HORACE IRBY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2. Color or race Negro

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

6. (b) Name of husband or wife Rosa Irby

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Jan 2, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Whiteville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Plz Stever

11. Industry or business Construction

12. Name Chas Irby

13. Birthplace Whiteville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle IVONS

15. Birthplace Whiteville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Irby

(b) Address Kinloch, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Nov 22 48
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ray D. Davis

(b) Address Kinloch 27, Mo

19. (a) 11-2-48
(Date received local registrar)

(b) Ray D. Davis
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Lix Ave & Warrick
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1948 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from Aug-17
1948 to Nov-13 1948

that I last saw him alive on Nov-13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration _____

Due to 94a

Due to _____

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

Major findings:
Of operations _____

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) _____

(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 0

23. Signature J. A. Reaney (M. D. or other Mid)
Address St. Louis, Mo Date signed Nov 16

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.....

Gilbert J Tate

....., Registered Apprentice No. *107*

working under my personal supervision.

Signed *Edward A. Feltner*

Licensed Embalmer No. *4444*

P. O. Address *4548th Page Blvd*

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.

Lucas 7664