

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13897

State File No. _____

FILED MAY 5 1949

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3602

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|--|------------------------|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3602 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | d. STREET ADDRESS (If rural, give location) 5412 LANDSDOWNE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5412 LANDSDOWN | | | | d. STREET ADDRESS (If rural, give location) 5412 LANDSDOWNE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JESSIE | | b. (Middle) H. | | c. (Last) KIRBY | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 21-49 | |
| 5. SEX FEMALE | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | | 8. DATE OF BIRTH OCTOBER 6-1868 | | 9. AGE (In years last birthday) 80 YRS | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) ENGLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Hooper | | | 13b. MOTHER'S MAIDEN NAME ANNIE JARVIS | | | 14. NAME OF HUSBAND OR WIFE John F. Kirby | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Hazel Kirby 5412 Landsdowne | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Age? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| 19a. DATE OF OPERATION no | | 19b. MAJOR FINDINGS OF OPERATION none | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from 4/6 1949 to 4/21 1949, that I last saw the deceased alive on 4/19 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) G. Shaublin M.D. | | | | 23b. ADDRESS 1514 S. Jefferson | | 23c. DATE SIGNED 4/22/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE APRIL 23-49 | | 24c. NAME OF CEMETERY OR CREMATORY SUN SET BURIAL PK. | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY. MO. | |
| DATE REC'D BY LOCAL REG. APR 22 1949 | | REGISTRAR'S SIGNATURE J. B. Sasser | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurr 3125 Lafayette Dr | | | |

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joseph B. Vollermer

Licensed Embalmer No. 41014

P. O. Address 3125 Duquesne

Signed _____
Student Embalmer

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.