

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22389

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4534 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 17	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 5533 MAZE 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLEAR WATER DAM			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) HENRY c. (Last) KIRBERG			4. DATE OF DEATH (Month) (Day) (Year) July 3 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH OCT. 30, 1937	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY STUDENT	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME OTTO KIRBERG	13b. MOTHER'S MAIDEN NAME IDA HACKMAN	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Tather 5333 Maze St Louis Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 89298 42
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Drowning DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Swimming accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clear Water Dam	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Piedmont Wayne Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 3 1949 1:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Swimming accident 100

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin E. Bowler	23b. ADDRESS 3 Coronado Piedmont, Mo.	23c. DATE SIGNED July 4, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 3 1949	24c. NAME OF CEMETERY OR CREMATORY 340	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. July 5, 49	REGISTRAR'S SIGNATURE Susie O. Piles	5. FUNERAL DIRECTOR'S SIGNATURE Annan W. Fish	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

576381706
JUL 18 1945

RECEIVED 7-17-49
District Health Officer No. 4
File Number 749-89
Date Filed

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

me

Student Embalmer No.

working under my personal supervision.

Signed *Marvin E. Bowler*

Signed
Student Embalmer

Licensed Embalmer No. *4426*

P. O. Address *Edmont, Mo.*

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.