

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2680

318

1003

Registrar's No. 291

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1327B. N. Market St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1327B. N. Market St.				d. STREET ADDRESS (If rural, give location) 1327B. N. Market St.			
3. NAME OF DECEASED (Type or Print) a. (First) Betty			b. (Middle) Kirby		c. (Last) Kirby		
4. DATE OF DEATH (Month) (Day) (Year) January 9, 1950.							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH November 6, 1865	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lebanon, Kentucky.	
11. BIRTHPLACE (State or foreign country) Lebanon, Kentucky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME William Parker			13b. MOTHER'S MAIDEN NAME Elizabeth Hill			14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Hoyle			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>sensitivity</i> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15, 1949, to Jan 9, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 6:15 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph H. Proffitt M.D.				23b. ADDRESS 3720 N Grand Blvd		23c. DATE SIGNED Jan 10, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-50.		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. JAN 11 1950		REGISTRAR'S SIGNATURE <i>J. Proffitt</i>			25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		
					ADDRESS 2161 E. Fair Ave.		

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Glen W. Hatz

Licensed Embalmer No. _____

373

P. O. Address _____

St. Louis, 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.