

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18299  
Registrar's No. 4874

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		State File No. 18299		Registrar's No. 4874			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY							
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5dys		c. CITY OR TOWN Wellston		4300					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				d. STREET ADDRESS (If rural, give location) 1575 Ogden							
3. NAME OF DECEASED (Type or Print) William J. Irwin Sr.			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH		June 2, 1950		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 25, 1894	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Union Elec. Co.		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Agnes Irwin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 493-05-1745			17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Irwin Jr. 4424 Penrose					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Urinary Bladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 2 days 10 months	
19a. DATE OF OPERATION Dec. 1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Urinary Bladder								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (In or about home, farm, factory, street, (See bldg., etc.))		21c. CITY, TOWN, OR TOWNSHIP		(COUNTY)		(STATE)			
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? 181X							
22. I hereby certify that I attended the deceased from 22 Dec., 1949, to 2 June, 1950, that I last saw the deceased alive on 1 June, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.											
23a. SIGNATURE E. H. Burford, M.D.				(Degree or title)				23b. ADDRESS 958 Arcade Bldg., St. Louis, Mo.		23c. DATE SIGNED 2 June 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.					
DATE REC'D BY LOCAL REG. JUN 2 1950		REGISTRAR'S SIGNATURE J. B. Lantieri				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Blumberg & Sons 10175 Delmar					

(Licensed Embalmer's Statement on Reverse Side)

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 Embalmer No.....

Signed.....

*jos, E. McCulloch*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2460*

P. O. Address *6175 Delma*

**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.**