

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24957
6431

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 215 th	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3754 Taft Ave.,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pronounced dead at City Hospital,			

3. NAME OF DECEASED (Type or Print) Edward Kirner, Jr.,			4. DATE OF DEATH (Month) (Day) (Year) July 25, 1950.		
5. SEX Male,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH January 17, 1891	9. AGE (In years last birthday) 59	10. MONTHS Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator,		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Post-Dispatch,		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Edward Kirner,		13b. MOTHER'S MAIDEN NAME Appolonia Mueller,		14. NAME OF HUSBAND OR WIFE Ottillie Kirner,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 490-01-1739		17. INFORMANT'S SIGNATURE OR NAME Ottillie Kirner, 3754 Taft Ave.,	

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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary thrombosis</i> 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H²01</i>			

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 *10:00 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Patricia B. Taylor</i>		(Degree or title)		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7-27-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE <i>7/28/50</i>		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
DATE REC'D BY LOCAL REG. <i>JUL 27 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lesater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,			

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

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe S. Benz

Signed.....

Student Embalmer

Licensed Embalmer No. 4249

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.