

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 10660
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY ST. LOUIS, MO.

b. CITY (If outside corporate limits, write RURAL and give township) St Louis

c. LENGTH OF STAY (in this place) 17 days

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois

b. COUNTY Madison

c. CITY (If outside corporate limits, write RURAL and give township) Granite City

d. STREET ADDRESS (If rural, give location) 828 Niedringhaus Ave

3. NAME OF DECEASED
a. (First) JOHN

b. (Middle) A.

c. (Last) KIRCHOFF

4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 6, 1900

9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 8 IF UNDER 1 YEAR Days 0 IF UNDER 1 HR. Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher

10b. KIND OF BUSINESS OR INDUSTRY Grocery Store

11. BIRTHPLACE (State or foreign country) Macedonia

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Atanas Kirchoff

13b. MOTHER'S MAIDEN NAME Rena Lexovaky

14. NAME OF HUSBAND OR WIFE Tomka Kirchoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME TOMKA KIRCHOFF ADDRESS 828 Nied Ave, G.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary thrombus

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion

DUE TO (c) Arteriosclerotic heart disease

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 weeks

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H201

22. I hereby certify that I attended the deceased from 11-26, 1950, to 12-11, 1950, that I last saw the deceased alive on 12-11, 1950, and that death occurred at 4:45 pm., from the causes and on the date stated above.

23a. SIGNATURE J.R. Bradley (Degree or title) M.D.

23b. ADDRESS Barnes Hospital

23c. DATE SIGNED 12-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 14, 1950

24c. NAME OF CEMETERY OR CREMATORY Sunset Hill

24d. LOCATION (City, town, or county) (State) Madison County, Illinois

DATE REC'D BY LOCAL REG. DEC 14 1950

REGISTRAR'S SIGNATURE J. B. Rosater

25. FUNERAL DIRECTOR'S SIGNATURE Frank Merz ADDRESS Granite City, Ill

(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

Charles C. Mercer

Signed.....

Student Embalmer

Licensed Embalmer No. *2988*

P. O. Address *Granite City, Pa.*

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.