

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43742**  
**11076**

FILED JAN 20 1951

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1003

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				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis				c. LENGTH OF STAY (in this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) 4607 OR 620WN 208 Reavis Pl.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns				d. STREET ADDRESS (If rural, give location) Webster Groves					
3. NAME OF DECEASED (Type or Print) a. (First) Ruby			b. (Middle) Irene		c. (Last) Kirk		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 18, 1920		9. AGE (In years last birthday) 30yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Oriental Ark. /			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Geo. Sunn			13b. MOTHER'S MAIDEN NAME Nettie Alfred			14. NAME OF HUSBAND OR WIFE Frank D Kirk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank D. Kirk 208 Reavis Pl.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatic Heart Disease</i>						5 years.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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>H16X</i>					
22. I hereby certify that I attended the deceased from <i>March 1947</i> to <i>Dec 26, 1950</i> , that I last saw the deceased alive on <i>Dec 25, 1950</i> , and that death occurred at <i>4:45 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Walter W. Davis, M.D.</i> (Degree or title)				23b. ADDRESS <i>539 N. Grand Ave</i>		23c. DATE SIGNED <i>12/26/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 28, 1950		24c. NAME OF CEMETERY OR CREMATORY <i>Lambert Hill Cem</i>		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
DATE REC'D BY LOCAL REG. <i>Dec 20 1950</i>		REGISTRAR'S SIGNATURE <i>W. B. Lambert</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Lambert &amp; Sons</i>			ADDRESS <i>6175 Delmar</i>	

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

*In Davis  
Humboldt  
Je 11 1980  
Til' 3 o'clock*

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**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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6145 Pllmar*

**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.