

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6305

State File No.

Registrar's No. 1326

318

1003

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

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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 12dys		d. STREET ADDRESS (If rural, give location) 768 Clara	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) B.	c. (Last) Kirk	4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH Nov. 19, 1920	9. AGE (In years last birthday) 30yrs	10. UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) Missouri City, Mo.	12. CITIZEN OF WHAT COUNTRY?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri City, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Wm Kirk	13b. MOTHER'S MAIDEN NAME Flora Carroll	14. NAME OF HUSBAND OR WIFE -----
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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. yes 579-09-5279	17. INFORMANT'S SIGNATURE OR NAME Mrs. Don McIntyre	ADDRESS Ga 620 Charming Dr.
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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		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malignant Hypertension</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Prob. Chronic Nephritis</i>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 <i>592X</i>
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22. I hereby certify that I attended the deceased from *Dec 1950*, to *Feb 7, 1951*, that I last saw the deceased alive on *2-7, 1951*, and that death occurred at *12:40* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>John H. Heugen M.D.</i>	(Degree or title)	23b. ADDRESS <i>Evangelical Deaconess Hosp. J-8-S1</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 9, 1951	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. FEB 9 1951	REGISTRAR'S SIGNATURE <i>J. B. Laster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander & Sons</i>	ADDRESS 6175 Delmar
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Dr. Robt Basset
5427 Delmar - Fo. 0392

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 Mc culloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.