

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11021**

4001
4

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>745</u>		
1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saint Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs + Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandale</u>		4651		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedarcroft Convalescent Home</u>				d. STREET ADDRESS (If rural, give location) <u>17 Highland Place</u>				
3. NAME OF DECEASED a. (First) <u>Mary</u>			b. (Middle) <u>Will</u>		c. (Last) <u>Kirtley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 26 1901</u>		9. AGE (In years last birthday) <u>49</u>	10. UNDER 1 YEAR Days <u>3</u>	11. UNDER 24 Hrs. Hours <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Busse</u>			13b. MOTHER'S MAIDEN NAME <u>Molly Rivers</u>		14. NAME OF HUSBAND OR WIFE <u>Gwyn Kirtley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gwyn Kirtley - Husband</u>				
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) <u>Essential hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1948 plus 0</u>
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.				<u>Hypertensive encephalopathy</u>		<u>4 years</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>332x444x</u>						
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? _____				
22. I hereby certify that I attended the deceased from <u>11-28-48</u> , 19 <u>48</u> , to <u>3-20-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>51</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James Rouman, Bowler, M.D.</u> (Degree or title)				23b. ADDRESS <u>5800 Arroyo, Saint Louis</u>		23c. DATE SIGNED <u>3-20-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/23/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Lombardi</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood 22 Mo.</u>		

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.

Student
Student Embalmer

Signed William H. Fitzinger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.