

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35277
Registrar's No. 9230

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 3517 Lucas	

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle)	c. (Last) Kirch	4. DATE OF DEATH (Month) (Day) (Year) 10/18/51
--	-------------	-----------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH May 10, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
---------------	------------------------	--	-------------------------------	------------------------------------	------------------------	----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk	10b. KIND OF BUSINESS OR INDUSTRY Clay Hotel.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri D	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	----------------------------------

13a. FATHER'S NAME Andrew Ross	13b. MOTHER'S MAIDEN NAME Marie Heck	14. NAME OF HUSBAND OR WIFE Fred
--------------------------------	--------------------------------------	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Alma Kirch--	ADDRESS 3517 Lucas..
--	----------------------------	--	----------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombus ANTECEDENT CAUSES Myocarditis, extrasystolic ventricle origin 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.		INTERVAL BETWEEN ONSET AND DEATH 5 min 8 s 2 months
---	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
--	--	---------------------------------

22. I hereby certify that I attended the deceased from Sept. 18, 1951 to October 18, 1951, that I last saw the deceased on Oct. 15, 1951, but referred to City Hospital, where death occurred at 6:00 a.m., from the causes and on the date stated above.

22. SIGNATURE (Type or Print) M.D. Simpson	23b. ADDRESS 3739 Gravois	23c. DATE SIGNED 10/18/51
--	---------------------------	---------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10/20/51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) Belleville, Illinois
--	--------------------	--	--

DATE REC'D BY LOCAL REG. OCT 19 1951	REGISTRAR'S SIGNATURE Earl Smith M.D. W.S.	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle	ADDRESS 3634 Gravois
--------------------------------------	--	--	----------------------

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Frank J. Glauert Sr.

Licensed Embalmer No. *2645*

P. O. Address.....
E. Smith

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.