

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38536**

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **234**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters rural 1730	
c. LENGTH OF STAY (in this place) 2 da.		d. STREET ADDRESS (If rural, give location) 1 mile east of St. Peters	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) F. c. (Last) Kirchner			4. DATE OF DEATH (Month) (Day) (Year) 11-27-51		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-18-85	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 11 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (State or foreign country) Mount Carmel, Ill. /		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ferdinand Kirchner	13b. MOTHER'S MAIDEN NAME Eva Halbig	14. NAME OF HUSBAND OR WIFE Georgia Kirchner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 573-18-6422	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Kirchner RRL, St. Charles, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infarction DUE TO (c) Generalized Cordis Vascula		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4205	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?

22. I hereby certify that I attended the deceased from **Sept 1957**, to **Nov 27, 1957**, that I last saw the deceased alive on **Nov 27, 1957**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George K. Josalik MD	(Degree or title)	23b. ADDRESS Osallon Mo	23c. DATE SIGNED 11-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-51	24c. NAME OF CEMETERY OR CREMATORY All Saints	24d. LOCATION (City, town, or county) (State) St. Peters, Mo.
DATE REC'D BY LOCAL REG. 12-6-51	REGISTRAR'S SIGNATURE Frankie Handwerker	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Steffner	ADDRESS St. Peters, Mo.

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 8 1951

RECEIVED

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 _____

E. K. Keithly

Licensed Embalmer No. _____

827

P. O. Address _____

Dallow 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.