

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2988

0588

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 2269 ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		STREET ADDRESS (If rural, give location) 1512 N 10th	

3. NAME OF DECEASED (Type or Print)	a. (First) JAY	b. (Middle) T?	c. (Last) KIRKHART	4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 6, 1896	9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet metal worker	11. BIRTHPLACE (State or foreign country) Bell County, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES KIRKHART	13b. MOTHER'S MAIDEN NAME MARY BROWN	14. NAME OF HUSBAND OR WIFE Lillian Kirkhart
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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	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Lillian Kirkhart, 1512 N 10th St, St Louis	18. ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis with arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease 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"/>
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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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from 1-17-52, 19, to 1-18-52, 19, that I last saw the deceased alive on 1-18-52, 19, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. J. Cotanano M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 1-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/21/52	24c. NAME OF CEMETERY OR CREMATORY Alexander Cemetery	24d. LOCATION (City, town, or county) (State) Alexander Mo
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DATE REC'D BY LOCAL REG. JAN 21 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Bill Campbell Motney, 4215 Lindell	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

370.
6 P.M.
1-14-52

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.

Signed

Rex E. Campbell

Signed.....
Student Embalmer

Licensed Embalmer No. *3881*

P. O. Address *St Louis 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.