

FILED DEC 1 1952
 XC 1488638
 REG #105991

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41119**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2994**

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN **JEFFERSON BARRACKS** OR TOWN **ST. LOUIS**)
 c. LENGTH OF STAY (in this place) **30 DAYS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**
 c. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS**
 d. STREET ADDRESS (If rural, give location) **3821 S. COMPTON**

3. NAME OF DECEASED
 a. (First) **ALBERT** b. (Middle) **M.** c. (Last) **IRWIN**

4. DATE OF DEATH (Month) (Day) (Year)
11-21-52

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **8-13-86** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **STOCK DEPT. FOREMAN** 10b. KIND OF BUSINESS OR INDUSTRY **INT. SHOE CO.** 11. BIRTHPLACE (City and State or Foreign Country) **MARISSA, ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **WILLIAM IRWIN** 13b. MOTHER'S MAIDEN NAME **MARY TETER** 14. NAME OF HUSBAND OR WIFE **OPAL IRWIN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **YES** (If yes, give war or dates of service) **WW I** 16. SOCIAL SECURITY NO. **489012237** 17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF. BRKS., MO.** ADDRESS

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **ACUTE FIBRINO PURULENT PERICARDITIS** INTERVAL BETWEEN ONSET AND DEATH **72 hrs**
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **ARTERIOSCLEROSIS, GENERALIZED, SEVERE**
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **4500**

19a. DATE OF OPERATION **11-10-52** 19b. MAJOR FINDINGS OF OPERATION **ANEURYSM OF ABDOMINAL AORTA** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-22-52**, 19____, to **11-21-52**, 19____, and that death occurred at **4:50A** m., from the causes and on the date stated above.

23a. SIGNATURE **W. D. Kamniskas, M.D.** (Degree or title) 23b. ADDRESS **VAH JEFFERSON BARRACKS, MO.** 23c. DATE SIGNED **11-21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **NOV. 24, 1952** 24c. NAME OF CEMETERY OR CREMATORY **NATIONAL CEMETERY** 24d. LOCATION (City, town, or county) (State) **JEFF. BRKS, MO.**

DATE REC'D BY LOCAL REG. **11-21-52** REGISTRAR'S SIGNATURE **Herbert R. Domb** 25. FUNERAL DIRECTOR'S SIGNATURE **KRIEGSHAUSER** ADDRESS **4228 S. KINGSHIGHWAY BL**

(Licensed Embalmer's Statement on Reverse Side)

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

4000

2249

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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 Edwin J. McDermott

Licensed Embalmer No. 3024

P. O. Address _____

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.