

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43194

State File No. _____
Registrar's No. 2355

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

723
0

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flint Hill Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital.</u>			

3. NAME OF DECEASED (Type or Print) <u>Matilda Kirsch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1952</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widower</u>
8. DATE OF BIRTH <u>Oct. 26-1872</u>	9. AGE (In years last birthday) <u>80</u>	Months <u>1</u>	Days <u>5</u>	If under 1 year	If under 10 yrs. Hours
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 <u>Homem Duties</u>		11. BIRTHPLACE (State or foreign country) <u>Flint Hill Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Bernard Mette</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Kirsch</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Kirsch Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Horenkamp</u> ADDRESS <u>St Charles</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>Pneumonia, Lobar, Left Lower</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>				Unknown	
		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 <u>4200</u>				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 Nov. 30, 1952, to Dec. 13, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 10:00 AM from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Reeves</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>207 N. 5th St. Charles, Mo</u>		23c. DATE SIGNED <u>12-13-52</u>	
--	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Theodor's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Flint Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-17-52</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pittman</u>		ADDRESS <u>Funeral Home</u>	

