

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30132

FILED AUG 31 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7638

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>	
c. LENGTH OF STAY (in this place) <u>29 Years</u>		d. STREET ADDRESS (If rural, give location) <u>4626 Carrie Avenue, 15,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4626 Carrie Avenue, 15,</u>		e. STREET ADDRESS <u>9</u>	

3. NAME OF DECEASED (Type or Print) <u>EMMA</u>		a. (First)		b. (Middle)		c. (Last) <u>KIRCHHOEFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3rd, 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 20th, 1866</u>		9. AGE (in years) last birthday <u>87</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Darmstadt, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Christian Gross</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Uding</u>		14. NAME OF HUSBAND OR WIFE <u>Late H. Herman Kirchhoefer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roland Holtgrewe, 4624 Carrie Avenue, 15,</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Coronary Sclerosis</u></p> <p>DUE TO (c) <u>Arterio Sclerosis</u></p>							
		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"/>	
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) <u>H20.1</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:36 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick E. Taylor, Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8.4.53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Johns Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Missouri</u>	

DATE REC'D BY LOCAL <u>AUG 4 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.</u>	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

-m 25 (Licensed Embalmer's Statement on Reverse Side)

**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 John A. Minar  
Licensed Embalmer No. 4186

P. O. Address St. Louis

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.