

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 - 1953

State File No. **33459**  
Registrar's No. **8329**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>Affton #820</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 days</b>		e. STREET ADDRESS (If rural, give location) <b>Baptist Church Rd. Rt. 14 Box 2315</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>-----</b>	c. (Last) <b>Irwin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 27, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 11, 1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Engraving Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>James Irwin</b>	13b. MOTHER'S MAIDEN NAME <b>Mathilda Jones</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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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) <b>No none</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Florence Cooper</b>	ADDRESS <b>Rt. 14 Box Affton, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>		DUE TO <b>Anemia, due to gastric infection</b> <b>pathology</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Arteriosclerosis Heart disease</b> <b>met Arteriosclerosis</b>	

19a. DATE OF OPERATION <b>NO</b>	19b. MAJOR FINDINGS OF OPERATION <b>NO</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	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) <b>NO</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>
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22. I hereby certify that I attended the deceased from **8-23**, 1953, to **8-27**, 1953, that I last saw the deceased alive on **8-26**, 1953, and that death occurred at **6:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Smith</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>9505 Grains</b>	23c. DATE SIGNED <b>8-27-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug. 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>4947 W. Florissant ave.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 27 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Lewis C. Hoffmann*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broad*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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