

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43339

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11867

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3717 Connecticut			Length of stay in 1b	STREET ADDRESS 3717 Connecticut (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Paul, Middle C., Last Kirsch			4. DATE OF DEATH Month Dec. Day 24, Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 4, 1886	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 4, Days 20, Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooper		10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (City and state or country) Red Bud, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Conrad Kirsch			14. MOTHER'S MAIDEN NAME Katherine Burbach			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 1st. W.W. 494-03-7647	17. INFORMANT Address Blanche Kirsch 3717 Connecticut			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> Coronary disease DUE TO (b) <i>Coronary disease</i> DUE TO (c) <i>Cardio-vascular disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 420.1						INTERVAL BETWEEN ONSET AND DEATH <i>One year</i> <i>Coronary</i> <i>One year</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>January, 1956</i> to <i>Dec. 24, 1956</i> and last saw <i>him</i> alive on <i>Dec 7, 1956</i> Death occurred at <i>420.1</i> m on the date stated above; and to the best of my knowledge from the causes stated.						
22a. SIGNATURE <i>Albert T. Stevens</i> (Type or print) <i>Albert T. Stevens, D.O.</i>			22b. ADDRESS <i>631 Union Blvd. St. Louis, Mo.</i>		22c. DATE SIGNED <i>12/24/56.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 27, 1956	23c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		23d. LOCATION (City, town, or county) St. Louis Missouri		
24. FUNERAL DIRECTOR Jacob D. Haupt 3013 Meramec St.		ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 26 1956	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Gustav W. [Signature]

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.