

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2824

FILED JAN 29 1957
ST. LOUIS
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Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST. LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BELLEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		Length of stay in lb 10 HOURS	d. STREET ADDRESS 517 BORMAN		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES O KIRKWOOD			4. DATE OF DEATH Month Day Year 1-8-57		
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 1-2-20		9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIA TER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BELLEVILLE, ILL.	
13. FATHER'S NAME MARTIN KIRKWOOD			14. MOTHER'S MAIDEN NAME HARRIET JEWETT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES WW2		16. SOCIAL SECURITY NO. 357-10-8332		17. INFORMANT ST. LOUIS, MISSOURI VA HOSPITAL RECORDS, 915 N. GRAND.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) : ENDOCARDIAL SCLEROSIS OF MITRAL VALVE AND LEFT VENTRICAL Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) O.K. given to J... DUE TO (c) 410X PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Constrictive Pericarditis					INTERVAL BETWEEN ONSET AND DEATH Undetermined
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 WORK <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.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 1-8-57 to 1-8-57 and last saw xxx alive on 1-8-57 Death occurred at 7:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. Wesphaelinger		22b. ADDRESS 915 N. Grand Blvd. VAH. ST. LOUIS, MISSOURI		22c. DATE SIGNED 1-9-57	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal 1-8-1957		23b. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery		23c. LOCATION (City, town, or county) (State) Belleville, Illinois	
24. FUNERAL DIRECTOR Pete Gaerdner Undtk. Belleville, Ill.		25. DATE RECD. BY LOCAL REG. JAN 9 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
CLEARED WITH THE CORONERS OFFICE BY DR. DENTON
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms write on natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION
CLEARED WITH THE CORONERS OFFICE BY DR. DENTON

300
-56

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..... *Harmer H. Jones*

Licensed Embalmer No. *38*

P. O. Address..... *St. L.*

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.