

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14901**
Registrar's No. **4172**

FILED MAY 10 1957

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 6 DAYS		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hosp.		STREET ADDRESS (If rural, give location) 716 4346 Connecticut	
3. NAME OF DECEASED a. (First) Leo b. (Middle) GUSTAVE c. (Last) Kirsch			4. DATE OF DEATH (Month) (Day) (Year) 5-1-1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH FEB. 8 1892
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IRON MOLDER	11. BIRTHPLACE (City and State or Foreign Country) Ill. - TROY -
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Martin Kirsch		13b. MOTHER'S MAIDEN NAME Elizabeth Barnhard	14. NAME OF HUSBAND OR WIFE unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Leo J. Kirsch ADDRESS 9224 HALLOCK DR. ST. LOUIS, MO.
MEDICAL CERTIFICATION			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Dec. 1956 - Exploratory Thoracotomy - City Hosp.	
20. AUTOPSY? YES <input checked="" 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)			
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 4-26-57 , 19__, to 5-1-57 , 19__, that I last saw the deceased alive on 5-1-57 , 19__, and that death occurred at 11:10a. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal	
23c. DATE SIGNED 5/1/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 2 - 1957	
24c. NAME OF CEMETERY OR CREMATORY TROY, ILLINOIS		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. MAY 2 '57		REGISTRAR'S SIGNATURE Carl Smith M.D.	
FUNERAL DIRECTOR'S SIGNATURE Jewel L. Edwards		ADDRESS TROY, ILL.	

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 *James L. Edwards*

Licensed Embalmer No. *3548*

P. O. Address *Troy, ILL*

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.