

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis.</b>		a. STATE <b>Missouri</b> b. COUNTY	
Length of stay in 1b		c. CITY OR TOWN <b>St. Louis.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4023 Olive St.</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>			
First	Middle	Last	Month	Day	Year	
<b>Henry J. Kirchhoff</b>			<b>December 15, 1960</b>			

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>2/14/1889</b>	<b>9. AGE (last birthday)</b> <b>71</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HR</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired 6, Years.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Joseph Kirchhoff</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Bollwerk</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lidwina Kirchhoff (dec'd)</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> <b>Joseph V. Kirchhoff, 3124 Providence Pl.</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a)	<b>Pneumonia; Fracture of Left hip, suffered in lobby of Hotel 3301 Olive Street on or about 12/5/60</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Accident</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m. <b>12-5-60</b>
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hotel</b>	<b>20f. CITY, TOWN, OR LOCATION</b> <b>St Louis Mo</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.**  
**Death occurred at \_\_\_\_\_ 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> <i>Edward E. Taylor</i>	<b>22b. ADDRESS</b> <b>1366 _____</b>	<b>22c. DATE SIGNED</b> <b>12/17/60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>23b. DATE</b> <b>12/17/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>SS. Peter and Paul Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Missouri</b>
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<b>24. FUNERAL DIRECTOR</b> <b>Gebken-Benz Mortuary, 2842 Meramec St. St. Louis 18 Missouri</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>DEC 16 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Roan Smith, M.D.</b>
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DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by Me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address ~~XXXXXXXX~~ 2842 Me  
St. Louis 18 Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.