MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER -62-037088

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2460

FILED SEP 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkeley — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4333 Rolling Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARVIN Middle GEORGE Last KIRWAN
4. DATE OF DEATH: Month August Day 22 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-6-50
9. AGE (last birthday): 12 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and state or country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Micheal Kirwan
13b. MOTHER'S MAIDEN NAME: Dorothy Richter
14. NAME OF HUSBAND OR WIFE: ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT: Micheal Kirwan Address: 4333 Rolling Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Total body burns
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐: Homicide
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Gas tank explosion
20c. TIME OF INJURY: Hour 12:15 PM approx. a.m. p.m. — Month, Day, Year: 8/22/62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): open field used as gas tank storage lot
20f. CITY, TOWN, OR LOCATION: Berkeley COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at DOA 12:46 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Kaim (Degree or title): Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 8/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 25 62
23c. NAME OF CEMETERY OR CREMATORY: Sunset Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR: White-Mullen Mort. ADDRESS: Ferguson Mo.
25. DATE RECD. BY LOCAL REG.: 8-24-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Reinhold K. Lohmann

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 Mo.

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.