FILED MAR 1 - 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8220

State File No.

Registration District No. 784 Primary Registration District No. 201 Registrar's No. 356

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

1. PLACE OF DEATH:

(a) County Wellston Station, Rural

(b) City or town St. Louis, Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincent's Sanit.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2/13/40 (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis

(If outside city or town limits, write "RURAL")

(d) Street No. 5821 Gravois Ave

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME NIRK, MRS. ELDA 620

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mr. H. S. Nirk

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb. 17th, 1870. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	0	2	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Wm Kestner
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Leip
15. Birthplace Waterloo Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Horace H Nirk

(b) Address 4210 Neosho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunest B. Pk.

18. (a) Signature of funeral director John R Zeigenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) FEB 21 1940 (Date received local registrar) (b) T R Meyer MD Dr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1940 hour 9 a.m. minute M.

21. I hereby certify that I attended the deceased from 2/13/1940, to 2/19, 1940 that I last saw her alive on 2/19, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage,	6 days
Due to Hypertension, Chronic Chr Myocarditis. Arteriosclerosis	
Due to 93c	
Other conditions Cerebral arteriosl, Manic reaction (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. B. Sytton (M. D. or other) M D

Address Sister Bldg Date signed 2/19/40

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937 a Gravois

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 this body is not embalmed, above space should be left blank.