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FILED APR 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12349

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 508

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
211 N. Taylor Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Irvine A. McGirk 262

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 5 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 6 _____ hr. _____ min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Councilman & Banker

11. Industry or business City of Kirkwood

12. Name Andrew McGirk

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hockerty
(City, town, or county) (State or foreign country)

15. Birthplace Unknown IA
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth McShirk Greene

(b) Address 211 N. Taylor Kirkwood Mo

17. (a) Burial (b) Date thereof 3/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Boyer

(b) Address 131 W Argonne Dr Kirkwood Mo

19. (a) MAP 12 1940 (b) D. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 211 N. Taylor Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1940 hour One (1) minute _____ A.M.

21. I hereby certify that I attended the deceased from 3-20, 1940, to 3-12, 1940
that I last saw him alive on 3-11-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary dilatation that

Due to arteriosclerosis 30 yrs
Peripneumonia 40 yrs
Due to Chronic interstitial nephritis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 131
Of autopsy ✓

Duration
that
30 yrs
40 yrs
10 yrs
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?
707
While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature D. R. Meyer (M. D. or other) _____
Address Kirkwood Mo Date signed 3-12-40

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

MOTHER FATHER

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.....

John M Meyer
working under my personal supervision.

....., Registered Apprentice No.

Signed *John M Meyer*

Licensed Embalmer No. *3788*

P. O. Address *Terrehaud 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 this body is not embalmed, above space should be left blank.