S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11562

State File No.

FILED APR 15 1943

Registration District No. 184

Primary Registration District No. 106

Registrar's No. 520

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:
437 S Clay Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 437 S Clay Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Luvissa Christine Vankirk

3. (b) If veteran, name war none

3. (c) Social Security No none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M Vankirk

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November (Month) 5 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	3	26	hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Hugo Roeder
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dooley
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James M. Vankirk
(b) Address 437 S Clay Ave Kirkwood, Mo.

17. (a) ~~Burial, cremation~~, or removal (b) Date thereof 3-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Rolla Mo

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood, Mo.

19. MAR 4 1943 (Date received local registrar) (b) E. G. McGarran (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1943 hour 11 PM minute M.

21. I hereby certify that I attended the deceased from 2/24/43, 19 to 3/1/43, 19;
that I last saw her alive on 3/1/43, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Uremic Poisoning	Uncertain
Due to Chronic nephritis	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) senility	

Major findings:
Of operations
Of autopsy 131

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 Clara M. Gebert (M. D. or other) MD
Address Valley Park, Mo Date signed 3/24/43

(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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, fact should be so stated above.