

FILED JAN 16 1945

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether 3)
In this community 5 Years
years, months or days

3. (a) PRINT FULL NAME Alexander Archie VanKirk

3. (b) If veteran, name was Spanish American 3. (c) Social Security No. No

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Etta 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb 20 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 0 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Archebald VanKirk

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

14. Maiden name Mitchell

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

16. (a) Informant Etta VanKirk

(b) Address 1935 Park

17. (a) Burial (b) Date thereof 1 / 5 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JAN 3 1945 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2610 Ohio
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 45 hour 6-30 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb 1943 to Dec 1944
that I last saw him alive on 12-18 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Arteriosclerosis Duration 1 Day
Due to Chronic Myocarditis 2 yrs.
Due to arteriosclerosis 4 yrs.

Other conditions (Include pregnancy within 3 months of death) 0/3
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. F. Bredak (M. D. or other) MD
Address 1935 Park Ave Date signed 1-2-45

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

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 *L. B. Cooper*

Licensed Embalmer No. *3637*

2317
P. O. Address *Lafayette*

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.