

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42093

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 100B
City St. Louis (No. 5319, Cote Brilliant Ave St. Ward)

File No.
Registered No. 11148

2. FULL NAME

(a) Residence, No. 5319 Cote Brilliant St., 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lennie L. Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Lennie L. Kirkpatrick (ADDRESS) 5319 Cote Brilliant Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE December 28, 1933

19. UNDERTAKER Geo. L. Pleitach, Inc. (ADDRESS) 5966 Easton Ave

20. FILED DEC 28 1933 J. H. Brebeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1933

22. I HEREBY CERTIFY, that I attended deceased from Dec 15 1933 to Dec 26 1933

I last saw him alive on Dec 25 1933 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Emphysema Date of onset 1 year
730
71 B
Chronic Hypertension 1 year

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Yes, Frostbite M. D.
(Signed) 3601 Center St
(Address) St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. G. Gossweedy
Cine Lawn No