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.

JAN 14 1935

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

Do not use this space.

44954

File No. 12106

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp #1 St. Ward)

Registration District No. 791

Primary Registration District No. 10003

2. FULL NAME Jim Kitchens

(a) Residence, No. 4058a Chouteau St. Ward 18
(Usual place of abode) (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.

15479

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estella Kitchens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1867

7. AGE YEARS 67 MONTHS 1 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Veneer Package Co

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) Tennessee

FATHER

13. NAME Ferdinand Kitchens

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

MOTHER

15. MAIDEN NAME Mary Mayfield

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

17. INFORMANT (ADDRESS) Hosp Inf M Reg City Hosp #

18. BURIAL, CREMATION, OR REMOVAL

PLACE Short Bend Mo DATE 12-25 1934

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED 22 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1934, to 12/22, 1934

I last saw him alive on 12/22, 1934 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Lobar Pneumonia

Date of onset

108

108

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) R E Kelly M D M. D.

(Address) City Hosp #1