

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **1**)City **Hospital**File No. **10923**Registered No. **2552**

St. Ward)

2. FULL NAME

(a) Residence, No. **4564 Newberry Street**

(Usual place of abode)

Ward **V**

(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th 1896		
7. AGE	YEARS 38	MONTHS 10
	DAYS 2	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) St. Louis Mo		
FATHER	13. NAME Ralph E. Kite Jr	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England	
MOTHER	15. MAIDEN NAME Sarah Arnold	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N.Y.	
17. INFORMANT (ADDRESS) Ralph E. Kite Jr 4670 Allemania Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE March 16th 1935		
19. UNDERTAKER (ADDRESS) Strass-Carrall 4500 Natural Bridge Ave		
20. FILED MAR 18 1935 J. H. Redetzki Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 15th 1935**

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **5 P.** m.

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

Acute Regurgitation with cardiac hypertrophy

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yo.**

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? **V**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **V**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Sarah E. Kite** M.D.(Address) **Dep. for J****3/18/35**

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.

WHITE PAPER, WITH OUTFOLDING INK—THIS IS A PERMANENT RECORD

