

JUL 27 1936

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

Do not use this space.

24108

1. PLACE OF DEATH

County St. Louis
Township Meramec
City St. Louis (No.)

Registration District No. 787
Primary Registration District No. 6032

File No.
Registered No.
St. Ward

2. FULL NAME

Frank Kitchell
(a) Residence, No. Eureka P.O. Box 41 St. RR #3 Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 7 - 1884

7. AGE YEARS 52 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or mls.

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

13. NAME Charles Kitchell

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

15. MAIDEN NAME Martha Kitchell

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

17. INFORMANT (ADDRESS) Kirkwood RR 12-584

18. BURIAL, CREMATION, OR REMOVAL PLACE Manchester Cem DATE June 6, 1936

19. UNDERTAKER (ADDRESS) Louis N. Popp Kirkwood Mo.

20. FILED 6/4/1936 Mrs Fidler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 4, 1936

22. I HEREBY CERTIFY, that I attended deceased from 1936, to June 3, 1936

I last saw him alive on June 1, 1936 Death is said to have occurred on the date stated above, at about 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

apoplexy?

Other contributory causes of importance:
Myocarditis
High Blood Pressure
asthma

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? no
If so, specify

(Signed) Chas R. O'Neil, M. D.
(Address) Eureka Mo.

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.

