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.

NOV 4 1936

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

Do not use this space.

39220

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 10253

2. FULL NAME Dehal, Long, Kitchell,

(a) Residence, No. 6942 Manchester St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	9	20	

OCCUPATION

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

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

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

FATHER

13. NAME Nort C. Kitchell

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

MOTHER

15. MAIDEN NAME Daisy Boyles

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

17. INFORMANT (ADDRESS) Fred B. Kitchell 4139 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Manchester, Mo DATE 10/12/36 19

19. UNDERTAKER (ADDRESS) Edith E. Ambuster 4234 Manchester Ave.

20. FILED OCT 11 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1936, to 10-10, 1936

I last saw him alive on 10-10, 1936 Death is said to have occurred on the date stated above, at 2:35 a.m.

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

	Date of onset
Cardiac Decompensation	10-10-36
~~TBC of Spine~~	
~~TBC of Hip Rt.~~	
Erysipelas of Rt leg + Back	10-5-36

Other contributory causes of importance:

TBC of Hip Rt.	1914
TBC of Spine	1914

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 .....

(Signed) Eugene M. Bricker, M. D.

(Address) BARNES HOSPITAL