APR 9 1937

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 File No. 10195

Township ..... Primary Registration District No. 1003 Registered No. 2760

City St. Louis (No. Deaconess Hospital St. Ward)

2. FULL NAME Alexander J. Kilpatrick

(a) Residence, No. 3811 Greer Ave. St., 10 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: 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: Olive Kilpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 25, 1897

7. AGE: 240 YEARS 39 MONTHS 5 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice Pres.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Kilpatrick Fdry. 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): St. Louis Mo.

FATHER
13. NAME: Alfred Kilpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Alice Bradly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Mrs. Olive Kilpatrick 3811 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE March 12, 1937

19. UNDERTAKER (ADDRESS): Akron L. U. Co 2707 N. Grand Ave

20. FILED MAR 10 1937 19 J. F. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1937, to March 9, 1937

I last saw him alive on Mar. 9, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Lobar Pneumonia	2-24-37
Other contributory causes of importance: Pleurisy	3-5-37

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Name of operation none Date of .....

What test confirmed diagnosis? Xray 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? no

If so, specify .....

(Signed) C. H. Johnson, M. D.

(Address) 2435 N. Grand Ave

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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.

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