AUG - 5 1937

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

Do not use this space.

25417

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6591

City St. Louis (No. 5804a Cotebrilliant Ave. St. ..... Ward)

2. FULL NAME Sadie Kilpatrick

(a) Residence, No. 5804a Cote Briiliant St., 6 Ward. .....
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph H. Kilpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26th.1866

7. AGE: YEARS 70 | MONTHS 11 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Cario, Ills.

FATHER

13. NAME Dont know Wescott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) L. M. Hendrix 4841 Sacremento Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7/9/37 19

19. UNDERTAKER (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.

20. FILED JUL 8 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1937, to 7/6, 1937

I last saw her alive on 7/5, 1937. Death is said to have occurred on the date stated above, at 4.53 P.M.

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

	Date of onset
Coronary Thrombosis	6/6/37
94b	
Other contributory causes of importance: Hypostatic Pneumonia Bronchial	6/28/37

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

What test confirmed diagnosis? all tests 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) J. J. Hennelly, M. D.

(Address) 3145 So Grand St Louis

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.