

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1008

9170

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. **2759**  
 (c) City St. Louis (d) Street No. 4922 Washington Ave. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ernest R. Kidd 300  
 (a) Residence, No. 4922 Washington Ave. St. 12 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st 1938

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

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to March 21st 1938

I last saw him alive on 8 PM March 21, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2nd, 1864

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 3 19

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Station Agent  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

Chronic Myocarditis  
Myocardial degeneration

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Other contributory causes of importance:

13. NAME Andrew Kidd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.Name of operation None Date of.....What test confirmed diagnosis? Clinical Was there an autopsy? no15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownWhere did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT (ADDRESS) Rev. B. Meador  
4922 Washington Ave.

Manner of injury.....

Nature of injury.....

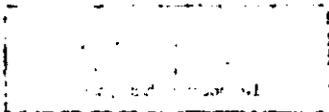
18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Mar. 23rd 1938

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

If so, specify.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Canal  
1905 Union Blvd.(Signed) W. F. Englehart D.D.(Address) 612-705 Olive St  
St. Louis Mo20. FILED J. B. Breder  
Local Registrar

MAR 23 1938



MISSOURI DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MISSOURI

9-5

[Faint, mostly illegible text, likely a certificate or record, possibly containing a name and date. A small square stamp is visible in the middle of this section.]

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Walter A. Carver

Licensed Embalmer No. 3534

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**