

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.

REC'D APR 8 1938

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

12066
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200
 (c) City Overland mo. (d) Street No. 2249 Woodson Rd. Registered No. 425
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Calvin Kitchen 325
 (a) Residence, No. 2249 Woodson Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Rosema Kitchen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1849

7. AGE YEARS 88 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as 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) Evansville Indiana

FATHER 13. NAME Charles Kitchen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sallie Evers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Thomas Kitchen
2249 Woodson Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleview Cem. Walnut Hill Cem DATE 3/8 19. 38

19. FUNERAL DIRECTOR (ADDRESS) Chas. G. Bull
4452 Washington Blvd

20. FILED 3-8 19. 38 R. M. M. S. P. 7
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1938, to March 6 1938
 I last saw him alive on March 5 1938. Death is said to have occurred on the date stated above, at 7 P m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis (Chronic) Date of onset 4 yrs

Other contributory causes of importance: 92
Senility
Arteriosclerosis
Cerebral atherosclerosis (4 yrs ago)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Ex. 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? _____
 If so, specify (Signed) C. E. Sterling, M.D. _____, M. D.
8205 Mo & So Rd
St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)