

SEP 10 1938

1938 OCT 6

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

33260
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand township Registration District No. 200
 (c) City Jennings (d) Street No. 2300 McLaren Ave. Jennings, Mo. 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 ALVINA W. KILPATRICK 413
 (a) Residence, No. 2300 McLaren Ave. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alexander Kilpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>4</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) St. Louis, 0
(STATE OR COUNTRY) Missouri, 6

FATHER 13. NAME Frederick Piening 6
14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME not known

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

17. INFORMANT Alexander Kilpatrick
(ADDRESS) 2300 McLaren Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept 12, 1938

19. FUNERAL DIRECTOR A. J. ... L. U. Co.
(ADDRESS) 2907 North Grand St.

20. FILED SEP 10 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from JUNE 11, 1938, to SEPT 9, 1938
 I last saw h. ev. alive on SEP 9, 1938. Death is said to have occurred on the date stated above, at 5.40 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis chronic due to Rheumatism

Other contributory causes of importance:
Cerebral Haemorrhage
Thrombus Heart

Date of onset March 1937
J. F. N.
Aug 1-38
Aug 15-38

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Ed W. Ralling, M. D.
 (Address) 2125 Sidney St

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.

1-X1284

OCT 5 1944

STATEMENT BY LICENSED EMBALMER

I, Paul F. Koellenberg, Licensed Embalmer No. 9631

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

Paul F. Koellenberg

Licensed Embalmer No. 9631

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.)