

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

697
 Do not use this space.

791
 1003

Registered No. **697**

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City of St. Louis (d) Street No. City Hospital 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

(a) Residence, No. 325 Hubert Lee Kitson St. 18
4301 Manchester Ave
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Husband of Maude		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1892		
7. AGE YEARS 46	MONTHS 10	DAYS 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook		
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed		
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) Moziar Illinois		
13. NAME Wm. Andrew Kitson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
15. MAIDEN NAME Augusta Whisman		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
17. INFORMANT Maude Kitson (ADDRESS) 4301 Manchester Ave		
18. BURIAL OR CREMATION OR REMOVAL in 1 PLACE National Cem. DATE 1/24/39		
19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Avenue		
20. FILED JAN 23 1939 <i>J. B. Braddock</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/21/39**, 19

22. I HEREBY CERTIFY, That I attended deceased from
, 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said
 to have occurred on the date stated above, at **5:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Brain's Freezing
Laceration of Tongue
Access to the floor
suffered on way to fill
for window when
 other contributory causes of importance
deceased, who was blind
fell through window of
second floor of 4301 Manchester
ave. Jan. 11, 1939 about 10:30 P.M.
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury **1/11/39**
 Where did injury occur?.....
 (Specify city or town, county, and State)
St. Louis, Mo
 Specify whether injury occurred in industry, in home, or in public place.
Home
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **W. D. Perry**
 (Address) **Deputy Coroner**

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.

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.....

L. R. Cooper

..... Registered Apprentice No.

working under my personal supervision.

Signed *L. R. Cooper*

Licensed Embalmer No. *3620*

P. O. Address *2317 Lafayette*

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.