

41075

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791Primary Registration District No. 1003Registrar's No. 10846

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo 3 das
 (Specify whether
 In this community 35 yrs
 years, months or days) 1

8. (a) PRINT FULL NAME Anna Kirkpatrick8. (b) If veteran, name war _____ 8. (c) Social Security No. None4. Sex female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife John Kirkpatrick 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 21 1879
(Month) (Day) (Year)8. AGE: Years 61 Months 6 Days 5 If less than one day _____ hr. _____ min.9. Birthplace Monroe County Ky.
(City, town, or county) (State or foreign country)10. Usual occupation Laundry11. Industry or business None12. Name Lucien Mcmillon18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Pliny Mary15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Bernice Slaughter(b) Address 119a S Channing Ave17. (a) Burial (b) Date thereof 11-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park Cem.18. (a) Signature of funeral director Bernice Love(b) Address 3103 Washington Blvd.19. (a) DEC 31 1940 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 18
 (If outside city or town limits, write "RURAL")
 (d) Street No. 119a S Channing
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 26
year 1940 hour 4:35 minute _____ A. M.21. I hereby certify that I attended the deceased from November 23, 1940 to December 26, 1940
that I last saw her alive on December 26, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerotic Heart Disease Indef
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. A. Erwin (M. D. or other) _____Address 2660 Whittier Date signed _____

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 Melvin Blackwell

Licensed Embalmer No. 2962

P. O. Address.....

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.