S. No. 2
1—4-13-40
v. 5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13015

Registration District No. 70 Primary Registration District No. 1003 Registrar's No. 3445

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 13

(c) City or town Overland N.R. 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2804 Pasteur Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME PAUL NELSON KILGORE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bessie G.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar. (Month) 2 (Day) 1874 (Year)

8. AGE: Years 67 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Delta (City, town, or county) Penna. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name James Kilgore
13. Birthplace (City, town, or county) Penna. (State or foreign country)

MOTHER
14. Maiden name Susan Brown
15. Birthplace (City, town, or county) Penna. (State or foreign country)

16. (a) Informant Bessie G. Kilgore

(b) Address 2804 Pasteur Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon

18. (a) Signature of funeral director Baumann Bros. Inc.

(b) Address 2504 Woodson Rd. Overland Mo.

19. (a) APR 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1941 hour Midnight minute M.

21. I hereby certify that I attended the deceased from 3/24/41 to 4/18/41, 19__, to 4/18/41, 19__; that I last saw him alive on 4/18/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 3 wks

Due to Ca larynx.

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy Above Metastases to lung.

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature L. Kohn (M. D. or other)

Address Jewish Hosp. Date signed 4/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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, fact should be so stated above.

Item #14 amended by affidavit of great-granddaughter 2-9-87. Verified by marriage license of James R. Kilgore and Susan E. Whiteford.

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While at work? (e) Means of injury 0
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(Licensed Embalmer's Statement on Reverse Side)