

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert Huston McKittrick

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 9 _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name William H. McKittrick
13. Birthplace East St. Louis, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary D. McKittrick ne Dow
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Menestonia
(b) Address East St. Louis, Ill.

17. (a) Burial (b) Date thereof July 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
Kyrus Funeral home

18. (a) Signature of funeral director [Signature]
(b) Address East St. Louis, Ill.

19. (a) JUL 1 1941 (b) J. F. Brink
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 State
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1941 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 21, 1941 to June 30, 1941;
that I last saw him alive on June 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis acute Duration 3 days

Due to Enterocolitis acute Duration 9 days
Cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 119 a

Major findings: Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

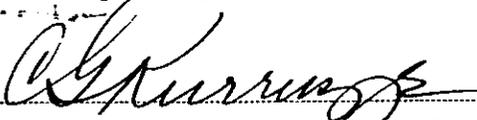
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature G. Y. Briggs (M. D. or other) 0
Address 3918 Capital Ave Date signed 7-1-41

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..... 

Licensed Embalmer No. 3162

P. O. Address..... East St. Louis, Ill.

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.