DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 291

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8807

Primary Registration District No. 1003

Registrar's No. 3056

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: Missouri Pacific 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)

2. USUAL RESIDENCE OF DEACESED:

(a) State Illinois (b) County

(c) City or town Cairo
(If outside city or town limits, write "RURAL")

(d) Street No. 813 Cedar St/
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Michael William Kilmartin

3. (b) If veteran, name war None

3. (c) Social Security No. None Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Kilmartin

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 19, 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Cairo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation General Agent

11. Industry or business D.M.& O Railway

FATHER
12. Name Michael Kilmartin
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dolan
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Minnie Kilmartin
(b) Address 813 Cedar st. Cairo, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Cairo, Illinois

18. (a) Signature of funeral director C H Hunter & Co.
(b) Address 7814 S. Broadway

19. (a) APR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1942 hour 5 minute 40 a. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull
Patella Organs of Thorax
Evidence of fracture done
Duration
Due to Two Story Fall Part
Office Building At Cairo Ill.
Duration
About 7.30 P.M. Mar 23
1942
Duration

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) Accident
(b) Date of occurrence Mar 23 1942
(c) Where did injury occur? Cairo Ill. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Alfred Perry (M. D. or other)
Address Cairo Ill. Date signed 4/6/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Harry J Schumacher

Licensed Embalmer No.....2679

P. O. Address.....732 Lemay Ferry R

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.