V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4405

Registrar's No. 1121

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:
Jewish Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 7300 Burrwood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert D. Kilvary

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Unknown Kilvary

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

7. Birth date of deceased May (Month) 29 (Day) 1859 (Year)

8. AGE: Years 83 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Druggist

11. Industry or business

MOTHER FATHER

12. Name Daniel Kilvary

13. Birthplace (City, town, or county) Ireland (State or foreign country)

14. Maiden name Mary Love

15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Aplin Anderson

(b) Address 7300 Burrwood

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) FEB 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 4:20 minute a.m.

21. I hereby certify that I attended the deceased from Jan 28 1943 to Feb 3 1943 that I last saw him alive on Feb 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis - Decompensation 6 mo.

Due to General Arterio Sclerosis c Hypertention

Due to

Other conditions Chr Maxillary & Frontal Sinusitis
(Include pregnancy within 3 months of death)

Major findings: —
Of operations

Of autopsy None

Duration

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 Chas F Rosenberger (M. D. or other)

Address 7745 Olive Street Date signed 2/3/43

(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 Albert G. Koffer

Licensed Embalmer No. 2971

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, fact should be so stated above.