

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 990

FILED MAY 6 1943

Registration District No. 277

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4441 Carson Rd.
(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 DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 4441 Carson Rd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lucy Kirkpatrick

3. (b) If veteran, name war 220 3. (c) Social Security No. 220

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

6. (b) Name of husband or wife John M. Kirkpatrick 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 14 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name UNKN Thomas

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

14. Maiden name UNKN

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

16. (a) Informant John M. Kirkpatrick

(b) Address 4441 Carson Rd.

17. (a) Burial (b) Date thereof 4-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. Pickers Cem.

18. (a) Signature of funeral director W. B. ...

(b) Address 2929 S. Jefferson Av.

19. (a) 4-26-43 (b) W. B. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1943 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from 3-28-1943 to 4-25-1943
that I last saw him alive on 4-25-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast 7 years

Due to Mutated in lungs 3 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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, or farm, in industrial place, in public place?

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

23. Signature Ray Johnson (M. D. or other) 0
Address Ferguson Mo. Date signed 4/26/43

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

6000

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

Gustav W. Dichterle

Licensed Embalmer No.

4329

P. O. Address

29295 Jefferson

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.