

S. No. 2  
M-2-43  
5-17-39  
X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30999**  
Registrar's No. **8286**

FILED SEP 28 1943  
Registration District No. **1003**

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: 1414 Devlin  
(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 Mary Killebrew  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward Killebrew 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased August 18 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Arthur Woodard  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Viney  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Killebrew

(b) Address 1414 Devlin

17. (a) Removal Removal (b) Date thereof Sept. 18 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hopkinsville, Ky.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) SEP 18 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1414 Devlin  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 14  
year 1943 hour 7 minute 30 M.  
21. I hereby certify that I attended the deceased from Jan 19th 1943 to Sept 14th 1943  
that I last saw her alive on Sept 14th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperleusis of Heart Disease  
Due to \_\_\_\_\_  
Duration 3  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy None  
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 [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed SEP 18 1943

**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

*Joel Russell*

Licensed Embalmer No. *4112*

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.**