

NOV 20 1943  
Registration District No. 397

Primary Registration District No. 3066

Registrar's No. 2548

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 721 S. Geyer Rd  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 721 S. Geyer Road  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucille Robinson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1943 hour 9:50 minute P M.

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

4. Sex Female / race White / 5. Color or race White

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

6. (b) Name of husband or wife Reuel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 21 1904  
(Month) (Day) (Year)

Immediate cause of death Asphyxiation when home was damaged by fire.

Due to Carbon monoxide.

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>9</u>	<u>12</u>	hr. _____ min.

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Earl Littell

13. Birthplace \_\_\_\_\_ Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Ina Phumphrey

15. Birthplace \_\_\_\_\_ Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Reuel Robinson

(b) Address 721 S. Geyer, Kirkwood, Mo

17. (a) Burial (b) Date thereof 11-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

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 12.4

(b) Date of occurrence Nov. 14, 1943

(c) Where did injury occur? Kirkwood, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Own home  
(Specify type of place)

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne, Kirkwood, Mo.

19. (a) NOV 17 1943 (b) E. G. ...  
(Date received by registrar) (Registrar's signature)

23. Signature H. S. Breyfogel Dep. Coroner  
(M. D. or other)

Address Kirkwood, Mo. Date signed 11-15-43

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**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 Felix Girard

Licensed Embalmer No. 3034

P. O. Address Kirkwood Missouri

**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.**