

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether)  
In this community 25 years  
years, months or days)

**3. (a) PRINT FULL NAME** Kitty Lee  
**3. (b) If veteran,** name war no  
**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** female **5. Color or race** negro  
**6. (a) Single, widowed, married,** 2 divorced WIDOWED  
**6. (b) Name of husband or wife** MARSHALL **(c) Age of husband or wife if** alive years  
**7. Birth date of deceased.** Nov 25 1869  
(Month) (Day) (Year)

**8. AGE:** Years 74 Months 7 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace.** Vicksburg Miss (City, town, or county) (State or foreign country) 1

**10. Usual occupation.** None

**11. Industry or business.** None

**MOTHER FATHER**  
**12. Name.** Unknown  
**13. Birthplace.** Unknown (City, town, or county) (State or foreign country) 9  
**14. Maiden name.** Unknown  
**15. Birthplace.** Unknown (City, town, or county) (State or foreign country) 9

**16. (a) Informant.** Leonard Buckner  
**(b) Address.** 2337 Pine

**17. (a)** Burial **(b) Date thereof.** July 20, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** Orewood Cemetery  
**(a) Signature of funeral director.** Allen Baker  
**(b) Address.** 3506 Federal

**19. (a)** JUL 20 1944 **(b) Registrar's signature** J. F. Brudick  
(Date received local registrar)

**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. 807 So. 18th St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 16,  
year 1944 hour 4 minute 00 A.M.

**21. I hereby certify that I attended the deceased from** July  
14, 1944, to July 16, 1944  
that I last saw her alive on July 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 3 days

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

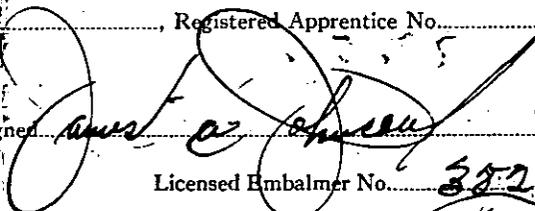
**Major findings:** Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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** Allen Baker (M. D. or other)  
Address 2601 Whitten Date signed 7/27/44

**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



Licensed Embalmer No. 3522

P. O. Address 3506 Franklin Ave

**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.**