

FILED SEP 20 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 DAYS
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 119
(d) Street No. 4577 HOLLY AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALICE B. KILPATRICK

3. (b) If veteran, name war. NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. ALFRED KILPATRICK 6. (c) Age of husband or wife if alive. 73 years
7. Birth date of deceased. 2 (Month) 28 (Day) 1878 (Year)

8. AGE: Years 66 Months 6 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. () (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name W^M BRADLEY 13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant ALFRED KILPATRICK

(b) Address 4577 HOLLY AVE

17. (a) BURIAL (b) Date thereof. 9-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director. A. K. Shaw & Co.

(b) Address 2707 N GRAND BLDG

19. (a) SEP 15 1944 (b) [Signature]
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 1944 hour minute 9:30 A.M.

21. I hereby certify that I attended the deceased from 9-12
1944, to 9-13 1944
that I last saw her alive on 9-12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 days

Due to

Due to

Other conditions was
(Include pregnancy within 3 months of death)

Major findings: Of operations Coronac

Of autopsy none

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 [Signature] (M. D. or other)

Address 608 Kingsland Date signed 9-11-44

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

MOTHER FATHER

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 W E Morris

Licensed Embalmer No. 3360

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.