

FILED JAN 15 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2668

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Rural, Meramec Twpsh.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wild Horse Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 16 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Wild Horse Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME William Kirkpatrick,

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

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

6. (b) Name of husband or wife Lorena Catherton Kirkpatrick, 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar. 3, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Farm laborer,

11. Industry or business General farm work,

12. Name Rolla Kirkpatrick,
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown,
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorena Kirkpatrick,
(b) Address Chesterfield, Mo.

17. (c) Burial, (b) Date thereof Dec. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem. Monarch, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) DEC 23 1944 (b) E. H. McLaughlin,
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1944 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sudden
death without medical 19
that I last saw h. alive on attendance 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerotic Heart
Disease

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No autopsy

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?

(Specify type of place) While at work? _____ (e) Means of injury _____
Signature J. H. ... M. D. _____ (M. D. or other)
Address 601 Brentwood Blvd. Date signed 12/21/44

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

1600

JAN 25 1945

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

Geo. Schneider

Licensed Embalmer No.

23066

P. O. Address

Dallwin, Mo.

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.