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0M—5-43
v. 5-43
P-X3677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25843

State File No. .....

FILED SEP 1 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7359

347
6 0
17
9

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: Enroute to City Hospital 3
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Walker 9

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

(d) Street No. ..... NR 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME Clyde Kilgore

3. (b) If veteran, name war World War(2)

3. (c) Social Security No. 420-14-0475

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louise Kilgore

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Jan (Month) 11 (Day) 1917 (Year)

8. AGE: Years 28 Months 7 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Barney Mines (City, town, or county) Ala 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

MOTHER FATHER

12. Name Marion Kilgore

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

14. Maiden name Bilsie Files

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

16. (a) Informant Mrs. Louise Kilgore

(b) Address Corona, Alabama

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 22, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Jasper, Alabama

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) ..... (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

AUG 23 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1945 hour 1AM minute ..... M.

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

Immediate cause of death: Internal hemorrhage from gunshot wound of liver (Other conditions) Allergic state because of after treatment

Due to: Gunshot from one Mrs. Margaret Wadlord, at Broadway & North

Due to: Market St. and was shot by Officer Edw. Burke at 9 O'clock

Other conditions contributing: Over, in performance of his duty

Duration

Major findings:
Of operations 16

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) Unjustifiable Homicide

(b) Date of occurrence Aug 19 1948

(c) Where did injury occur? St. Louis (City or town) (County) (State)

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

While at work? ..... (e) Means of injury See above

23. Signature Dr. Alfred J. Kerry (M. D. or other)

Address Deputy Coroner Date signed 8-23-45

(Licensed Embalmer's Statement on Reverse Side)

7359

7359

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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address St Louis

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.