

#46982

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32055**
Registrar's No. **8840**

FILED OCT 25 1945

Registration District No. **318**

Primary Registration District No. _____

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:
St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME HARRY KILSBY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Wh

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

(b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 11 1857
(Month) (Day) (Year)

8. AGE: Year 94 Months 1 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

12. Name Nuk

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

14. Maiden name Nuk

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

16. (a) Informant Joseph G. Kilsby

(b) Address 5106 9 Vernon

17. (a) Burial, cremation, or other _____ (b) Date thereof 10-13-45
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director James J. [Signature]

(b) Address 225 Vernon Blvd.

19. (a) OCT 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5169 Vernon (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th
year 1945 hour 9:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10/7/45
_____ 19, to 10/11/45 19;
that I last saw him alive on 10/11/45 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Interguticerebral Hemorrhage

Due to _____

Due to _____

Other conditions Generalized Intermittent
(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)

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 James J. [Signature] (M. D. or other) _____
Address 1515 Lafayette 10/13/45 signed

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 *Bernard A. J. Stewart*

Licensed Embalmer No. *3500*

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.