

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1922 Wyoming St.
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie V. Kirkpatrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Hilary 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 24 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 20 If less than one day hr. _____ min. _____

9. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook-KMOX

11. Industry or business Restaurant

12. Name Henry Goff

13. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Truy Surman

15. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hilary Kirkpatrick
(b) Address Rt. #11 Box 700, Lemay, Mo.

17. (a) Burial (b) Date thereof 1 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldt
(b) Address 3634 Gravois Ave.

19. (a) JAN 15 1946 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Millborn Ave. Rt #11-Box 700
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1946 hour 5 minute P -M.

21. I hereby certify that I attended the deceased from January 8th, 1946 to Jan. 13, 1946 that I last saw h. ep. alive on Jan. 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death:

Cardiac failure 12 hours

Acute myocarditis

Pneumonia, Bronchial Two days

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 107

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 C. G. [unclear] (M. D. or other) _____
Address 2278 S. Jefferson Date signed 1-14-46

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

2707

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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 Robert Wheeler

Licensed Embalmer No. 2174

P. O. Address St. Louis, 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.