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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1946

State File No. 18589

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4952

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2104 Carr St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST LOUIS 2117
(If outside city or town limits, write "RURAL")

(d) Street No. 2104 CARR ST. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Kizzy Killingham.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 3

5. Color or race Col

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

6. (b) Name of husband or wife THOMAS KILLINGHAM.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased UNK (Month) — (Day) — (Year)

8. AGE: Years ABT 45 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business SELF

FATHER
12. Name LARKIN CHANDLER
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name LIZZIE JORDAN
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant THOMAS KILLINGHAM
(b) Address 2104 CARR ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 5 (Day) 46 (Year)
(c) Place: burial or cremation FATHER DICKSON CEME.

18. (a) Signature of funeral director WRIGHT FUNERAL HOME
(b) Address 3100 EASTON AVE.

19. (a) JUN 3 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30th
year 1946 hour 8 minute 12 A.M.

21. I hereby certify that I attended the deceased from April 3d, 1946, to May 30th, 1946, that I last saw her alive on 5/29th, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Wilkins (M. D. or other)

Address 3200 Franklin Ave. Date signed 5/31-46

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave.

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.