

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
1 X36671

State File No. \_\_\_\_\_

Registrar's No. 5675

**FILED** JUL 3 1946  
Registration District No. 318

Primary Registration District No. 1003

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one year, six days.  
(Specify whether  
In this community 14 years.  
years, months or days)

3. (a) PRINT FULL NAME KILGUS, ALFRED

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14th, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 16 hr. min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name ?

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

14. Maiden name ?

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

16. (a) Informant City Infirmary records,

(b) Address 5800 Arsenal Street

17. (a) Anatomical Board (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
(b) Address 3500 [Address]

19. (a) JUN 27 1946 (Date received local registrar) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal Street  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Constantinople, Turkey.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th, year 1946 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from July 2nd, 1945 to May 30, 1946; that I last saw him alive on May 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis Duration 1945 pl.

Due to Hypertrophic Arthritis 1944 pl.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address Infirmary Date signed 5/30

Duration  
1945 pl.  
1944 pl.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

20773

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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.....

Licensed Embalmer No.....

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.**