

S. No. 2
-12-45
5-17-39
PI X47070

FILED APR 4 1947

State File No. _____

Registration District No. 310

Primary Registration District No. 3085

Registrar's No. 40

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
1900 North Main
(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) 40 years or more

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1900 North Main
(If rural, give location)

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

3. (a) PRINT FULL NAME George Kilgore

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 26, 1947 to Mar 23, 1947
that I last saw him alive on Mar 23, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Mexican

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

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

7. Birth date of deceased unknown unknown
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Uremia - 2 wks.

Due to _____

Due to Chr. Nephritis 10 yrs.

Other conditions Gen. Arterio sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

about 85 hr. _____ min.

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

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 _____

Signature A. P. Eriol, Schaefer, M.D. Date signed 3/26/47
Address St. Charles, Mo.

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Sam Nelson

(b) Address St. Charles, Missouri

17. (a) burial (b) Date thereof Mar 26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer + Sons

(b) Address 800 N. 2nd - St. Charles, Mo.

19. (a) 3-29-47 (b) Thomas Daniet
(Date received local registrar) (Registrar's signature)

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

284

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-2-47

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..... *Joseph I Landoer*
Licensed Embalmer No. *4189*
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.