S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947

318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15281

3776

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-20-47 to 4-8-47 (Specify whether years, months or days)

In this community About 45 years

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. 4068 Cook Ave.
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME William Hulette Kirkpatrick, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Victoria Kirkpatrick

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. (Month) 2 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	6	hr. min.

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

10. Usual occupation Retired Postal Clerk

11. Industry or business None

MOTHER FATHER

12. Name William Hulette Kirkpatrick

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

14. Maiden name Victoria Hammette

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

16. (a) Informant Wm. J. Kirkpatrick, Jr.

(b) Address 4068 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Boul.

19. (a) APR 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1947 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia (Right Lower Lobe) Atelectasis Bronchiectasis 1st and 2nd degree

Due to: Burns of both necks when a pocket of gas exploded

Due to: Burns of face & left neck

Other conditions (Include pregnancy within 3 months of death): Burning Ground 1:30 A.M. April 1947 While the deceased was hospitalized in a private room

Major findings of operation: Transfusion to Bandaging Contusion

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) Accident

(b) Date of occurrence April 1st 1947

(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? Hospital (Specify type of place)

While at work? (e) Means of injury Gasoline

23. Signature (M. D. or other)

Address Date signed 4/8/47

(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 Emmitt T. Houston, Registered Apprentice No. 449, working under my personal supervision.

Signed O. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.