

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

FILED JUL 7 1947

Registration District No. 318

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home. 4
(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)

3. (a) PRINT FULL NAME Alice Kirkpatrick

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

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 August 4 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>10</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name James M. Kirkpatrick

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

14. Maiden name Mary Evans

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

16. (a) Informant Mrs. J. N. Lotz

(b) Address Bonne Terre, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-47
(Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 7-3-47 (Date received local registrar)

(b) Calvin G. Sharp MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois ⁹⁴

(c) City or town Bonne Terre ²
(If outside city or town limits, write "RURAL")

(d) Street No. Church St. ¹
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 8:05 minute A M.

21. I hereby certify that I attended the deceased from May 28
1947, to June 28 1947.

that I last saw her alive on June 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
hydrostatic pneumonia ^{2 days}

Due to Chr. myocarditis

Due to Genl arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 93d

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? 9

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Ch. Denny (M. D. or other) ^{MD}

Address Creve Coeur, Mo Date signed 6-28-47

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

JUL 22 1948

DEC 19 1947

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..... *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

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.