No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29204

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8006

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4152 Blaine Avenue., 1
(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 Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4152 Blaine Avenue., 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sarah Lurena Kitchen

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 Widow

6. (b) Name of husband or wife George C. Kitchen

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

7. Birth date of deceased January (Month) 12 (Day) 1863 (Year)

8. AGE: Years 84 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Maples (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Garrett Eaves 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Stephens 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Edward Kitchen 1
(b) Address 4152 Blaine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) AUG 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 9 minute 05 A M.

21. I hereby certify that I attended the deceased from 8/22, 1947 to 8/23/47, 19..; that I last saw her alive on 8/23/47, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Colon c̄ liver Metastasis (?)	?
Due to: Arteriosclerosis generalized	?
Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN

Underline the cause of 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? (c) Means of injury

23. Signature Dallas J. Syer (M. D. or other)

Address 3723 Hartford Date signed 8/23/47

Jefferson City Printing Co. (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 Henry M. Brammer

Licensed Embalmer No. 4200

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.