S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1947

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32674

Registrar's No. 8850

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: 524 Bellerive Blvd.
(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)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ado

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

(d) Street No. 524 Bellerive Blvd., 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth May Kilpatrick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph N. Kilpatrick

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

7. Birth date of deceased April (Month) 23 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	28	hr. min.

9. Birthplace Hancock County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name William Gray
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lockhart
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Henry G. Kilpatrick
(b) Address 524 Bellerive Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 20 Sept, 1947, to 21 Sept, 1947; that I last saw her alive on 20 Sept, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration

Due to Myocardial Degeneration — 6 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)
(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? (e) Means of injury

23. Signature Charles A. Nester (M. D. ~~or other~~)
Address 5600 S. Compton Date signed 22 Sep 1947

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. Nester
5600 Compton Ave.,

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 Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.