

FILED OCT 24 1947 318

State File No. \_\_\_\_\_  
Registrar's No. 9597

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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: Barnes Hospital, O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis 96  
(c) City or town Clayton 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 619 Forest Court 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kirk E. Latta  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Mae King Latta  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Sept. 2nd., 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>1</u>	<u>12</u>	hr. min.

9. Birthplace Okla. (City, town, or county) (State or foreign country)  
10. Usual occupation Ex. Dir. Community Chest

11. Industry or business \_\_\_\_\_  
12. Name Thomas Latta  
13. Birthplace Okla. (City, town, or county) (State or foreign country)  
14. Maiden name Iva Kirkpatrick  
15. Birthplace Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae King Latta  
(b) Address 619 Forest Court  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) OCT 16 1947 (Date received local registrar) (b) Registrar's signature D. F. Br...

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 11 minute 45 a. M.  
21. I hereby certify that I attended the deceased from Sept. 30, 1947 to Oct. 14, 1947; that I last saw h. in alive on Oct. 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis, primary site unknown, involving intestines, pancreas, and liver  
Due to \_\_\_\_\_  
Due to Hb  
Other conditions Perforated duodenal ulcer with generalized peritonitis  
Major findings: As above  
Of operations As above  
Of autopsy As above

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) (c) Means of injury \_\_\_\_\_  
23. Signature D. F. Br... (M. D. of MISS)  
Address Barnes Hospital Date signed 10-15-47

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**