

No. 30-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAR 15 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2194  
Registrar's No. 1003

Registration District No. 318 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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 16 M.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Lillie Keston Kittrell  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 28 1893  
(Month) (Day) (Year)  
8. AGE: Years 54 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation Bag Factory

11. Industry or business \_\_\_\_\_

12. Name William Wingo

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Jenetta Mathews

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Irene Jemerson  
(b) Address 3335 Laclede Ave

17. (a) Burial (b) Date thereof 3-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2517 Laclede Ave  
MAR 3 1948  
19. (a) \_\_\_\_\_ (b) J. F. Bessner  
(Data recorder) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 03  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3335 Laclede  
27 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1  
year 1948 hour 2 minute 15 a. M.

21. I hereby certify that I attended the deceased from Feb. 28, 1948 to Mar. 1, 1948  
that I last saw him alive on Mar. 1, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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) (e) Means of injury \_\_\_\_\_

23. Signature Oscar J. Daniels (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 3/2/48

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

MOTHER FATHER

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**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



Licensed Embalmer No. 1173

P. O. Address 3517 Saalido Ave

**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.**