

FILED APR 30 1948
Registration District No. 277

Primary Registration District No. 2002

96
35

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town University City 5, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Res: 7036 Pershing 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 St. Louis,
(c) City or town #7036 Pershing Avenue, 96
(If outside city or town limits, write "RURAL")
(d) Street No. University City 5,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HENRY G. KISLINGBURY.

3. (b) If veteran, name war No 3. (c) Social Security No. 487-18-2330

4. Sex Male 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elsie Louise Kislingbury. 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Sept. 8 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 8br.min.

9. Birthplace Mineral Point, Wisconsin.
(City, town, or county) (State or foreign country)

10. Usual occupation Weight Engineer.

11. Industry or business Mc Donnell Aircraft Corp.

12. Name William G. Kislingbury.

13. Birthplace Mineral Point, Wisconsin.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Francis.

15. Birthplace Mineral Point, Wisconsin.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.B. Telfair.

(b) Address 7036 Pershing Blvd.,

17. (a) Removal (b) Date thereof 4-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Point, Wisconsin.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.,

19. (a) 4-17-48 (b) Paul A. Ray
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April. day 16th,
year 1948. hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 4-13, 1948 to 4-16, 1948
that I last saw him alive on 4-16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 24 hr.

Due to 94 a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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? (e) Means of injury.....
23. Signature Edwin P. Weiner (M. D. or other)
Address 6651 Enright Date signed 4/16/48

AUG 12 1943

66318 murray
CA-5042
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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 Clarena H. Murray
Licensed Embalmer No. 4011
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.