

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

#87469
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED OCT 23 1948
 Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003
 Primary Registration District No. 1003

State File No. 34368
 Registrar's No. 8828

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(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 St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1421 Hogan St.
(If rural, give location)
 (e) 21 Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME GEORGE KILGORE
 3. (b) If veteran, name war unknown
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 7th
 year 1948 hour 9 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 8/26/48
 , 19 Oct. 7th , to Oct. 7th , 19 48
 that I last saw im alive on Oct. 7th and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, widower
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased March 15 1886
(Month) (Day) (Year)

Immediate cause of death Coronary artery disease
of jugular & mitral valves
 Duration
 Due to.....
 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.

8. AGE: Years Months Days If less than one day
62 6 22 hr. min.

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

10. Usual occupation Odd Jobs

11. Industry or business.....

MOTHER FATHER { 12. Name Edward Kilgore
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Leulia Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant City Hospital Records
 (b) Address St. Louis Mo.

17. (a) burial (b) Date thereof 10 12 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 11 1948 (b) J. B. Zastrow
(Date received at Registrar) (Registrar's signature)

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 J. J. McDonald
2515 Lafayette (M. D. or other)
 Address Date signed 10/8/48

MAR 16 1949

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.....
W. Embalmer

Licensed Embalmer No.....

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.