

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17417

Registrar's No. 4494

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 4002 _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>25 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709a Marion Street</u>		d. STREET ADDRESS (If rural, give location) <u>709a Marion Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROWENA</u>	b. (Middle) <u>E.</u>	c. (Last) <u>KITCHEN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 19-1949</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>June 29, 1859</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Henry McGill</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Scarbrough</u>	14. NAME OF HUSBAND OR WIFE <u>William</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Della Belcher</u>	ADDRESS <u>717a Marion Street</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>ARTEROSCLEROSIS</u> DUE TO (c) <u>DIABETES MELLITUS</u>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GANGRENE RT. GREAT TOE</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>61</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2160K</u>
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22. I hereby certify that I attended the deceased from 1 MAR, 1949, to 19 MAY, 1949, that I last saw the deceased alive on 19 MAY, 1949, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. G. Harvey</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1116 Lemay Ferry Rd</u>	23c. DATE SIGNED <u>5.20.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>MAY 20 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Barston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen N. McLaughlin</u>	ADDRESS <u>231 Lafayette</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Alex Harvey
1116 Lemay Ferry Rd

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette 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.