

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 24991
6839

BIRTH NO. 37663-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) AFFTON	
c. LENGTH OF STAY (In this place) 9 days		d. STREET ADDRESS (If rural, give location) 7744 - GENESTA	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Terrence c. (Last) Kidd		4. DATE OF DEATH (Month) (Day) (Year) August - 5 - 1949	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July - 6 - 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis - Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William A. Kidd		13b. MOTHER'S MAIDEN NAME Evelyn P. Paul		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME William A. Kidd	
				ADDRESS 7744 Genseta Affton Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Constipation of the aorta</u>		INTERVAL BETWEEN ONSET AND DEATH 1 month	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 157th Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 75th	

22. I hereby certify that I attended the deceased from 7-28-1949, to 8-5, 1949, that I last saw the deceased alive on 8-5, 1949, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. L. Thurston M.D.		23b. ADDRESS 506 S. Kingshighway		23c. DATE SIGNED 8-5-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-1949		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) 66 and McKenzie Rd Mo		25. FUNERAL DIRECTOR'S SIGNATURE Ziegler Bros		ADDRESS 6409 Gravois Ave	
DATE RECD BY LOCAL REG. AUG 6 1949		REGISTRAR'S SIGNATURE J. B. Sasser			

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

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

Henry M. Branner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.