No. 300
10.48

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

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6180

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2119
STREET ADDRESS (If rural, give location): 3910a Fairfax (Rear)

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle):
c. (Last): Kirkpatrick

4. DATE OF DEATH (Month): July (Day): 17 (Year): 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 23, 1897
9. AGE (In years last birthday): 52 — If under 1 year: Months: 6, Days: 24; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Johnson Shoe Factory
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wilson County, Tenn.,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Henry Kirkpatrick
13b. MOTHER'S MAIDEN NAME: Sophia Parker
14. NAME OF HUSBAND OR WIFE: Vassie Kirkpatrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-32-0141
17. INFORMANT'S SIGNATURE OR NAME: Magdlean Rucker ADDRESS: 4719 Vernon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ndet.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rupture of Cerebral Aneurysm

DUE TO (c) Undetermined

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 ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 230X

22. *I hereby certify that I attended the deceased from* 7-7, *19* 50, *to* 7-17, *19* 50, *that I last saw the deceased alive on* 7-17, *19*50, *and that death occurred at* 3:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alvin J. Thompson (Degree or title) M.D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 7-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUL 18 1950
REGISTRAR'S SIGNATURE: J. B. Sarata
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Kaercl ADDRESS: 1221 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clarence Croom

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N Gran

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.