

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10293

State File No.

1003 Registrar's No. 2971

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>S. Louis</u>)			c. LENGTH OF STAY (In this place) <u>47 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3058 Thomas</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) _____		c. (Last) <u>Kitrell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sep. 2</u>		8. DATE OF BIRTH <u>Feb. 16, 1887</u>		9. AGE (In years last birthday) <u>64</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Aleck Kitrel</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet McFall</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unk</u>		16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Davis, Sister,</u>						ADDRESS <u>2936 Thomas St</u>	
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) <u>Hypertensive Heart Disease with</u> ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? <u>HN 3X</u>							
22. I hereby certify that I attended the deceased from <u>3-19</u> , 19 <u>51</u> , to <u>3-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>51</u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.											
22a. SIGNATURE (Degree or title) <u>Alvin J. Thompson M. D.</u>				22b. ADDRESS <u>2601 N Whittier St</u>			22c. DATE SIGNED <u>3-30-51</u>				
22d. BURIAL, CREMATION, REMOVAL (Specify) _____		22e. DATE <u>3/31/51</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		22d. LOCATION (City, town, or county) <u>St. Louis County</u>		(State) <u>mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. GENERAL DIRECTOR'S SIGNATURE <u>G. Wade Granberry</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

Melvin E. Green

Licensed Embalmer No. _____

4728

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.