No. 300
10.48

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21697

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2472

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER
c. LENGTH OF STAY (In this place): 74 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER 4740
d. STREET ADDRESS (If rural, give location): Manchester Nursing Home

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

4. DATE OF DEATH (Month) (Day) (Year): June 20 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 8, 1859
9. AGE (In years last birthday): 92 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland Tenn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: H. P. Kidd
13b. MOTHER'S MAIDEN NAME: Mary Ratliff
14. NAME OF HUSBAND OR WIFE: Harriette Edna Kidd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Daisy Cherry **ADDRESS**: Granite City, Ill

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

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

DUE TO (b) General Arteriosclerosis

DUE TO (c) Senility

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: 422.1
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?:

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* June 20, 19 51, *that I last saw the deceased alive on* June 20, 19 51, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Denny (Degree or title) MD
23b. ADDRESS: Crive Cours Mo.
23c. DATE SIGNED: 6/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 21, 1951
24c. NAME OF CEMETERY OR CREMATORY: East St. Louis, Ill
24d. LOCATION (City, town, or county) (State): East St. Louis, Ill

DATE REC'D BY LOCAL REG.: 6-21-51
REGISTRAR'S SIGNATURE: Herbert P. Lomke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Leo M. Lomke **ADDRESS**: East St. Louis, Ill

(Licensed Embalmer) (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.....

a.....,

working under my personal supervision.

Student Embalmer No.....

Signed Chas. M. Burke

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill.

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.