

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH 1003

State File No. 43085

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 11235

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | b. COUNTY 2119 | |
| c. LENGTH OF STAY (In this place) 28 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3925 Evans | | d. STREET ADDRESS (If rural, give location) 3925 Evans Ave. | |

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| 3. NAME OF DECEASED a. (First) Edward | b. (Middle) Russell | c. (Last) Kittrell | 4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 51 |
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|----------------|---------------------------|---|-----------------------------|------------------------------------|-------------------------|-----------------------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 7-27-85 | 9. AGE (In years last birthday) 66 | 10. UNDER 1 YEAR Months | 11. UNDER 24 HRS. Days Hours Min. |
|----------------|---------------------------|---|-----------------------------|------------------------------------|-------------------------|-----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Columbus Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Unk | 13b. MOTHER'S MAIDEN NAME Unk | 14. NAME OF HUSBAND OR WIFE Pearl Kittrell |
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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) no | 16. SOCIAL SECURITY NO. 709-09-9053 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Kittrell | ADDRESS 3925 Evans |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia - lobar | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) pneumonia - bc - Tw - Tuberculosis | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) Shrewsboro 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? 002X |

22. I hereby certify that I attended the deceased from 10-29-1957, to 12-16-1957, that I last saw the deceased alive on 12-15-1957, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. J. J. Winston, M.D. | (Degree or title) | 23b. ADDRESS 2743 Franklins | 23c. DATE SIGNED 12-18-57 |
|---|-------------------|--------------------------------|------------------------------|

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|---|-----------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 12-20-51 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| DATE REC'D BY LOCAL OFFICE DEC 19 1957 | REGISTRAR'S SIGNATURE Pearl Kittrell | 25. FUNERAL DIRECTOR'S SIGNATURE Manuel Und Co. | ADDRESS 4059 Finney |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.