

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18841

State File No. ....

BIRTH NO. 47379 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1340

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis</b> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>St. Louis</del> <b>Richmond Heights</b> |  | c. LENGTH OF STAY (If this place) <b>1 1/2</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>St. Louis</del> <b>Richmond Heights</b>                       |  | d. STREET ADDRESS (If rural, give location) <b>St. Mary Hospital</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>  |  |  |   |  |  |

|   |                               |  |  |  |   |
|---|-------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Infant</b><br>b. (Middle)<br>c. (Last) <b>Kilpatrick</b> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 21, 1952</b>                 |  |   |
| 5. SEX <b>female</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b> | 8. DATE OF BIRTH <b>May 20, 1952</b>   |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>                        | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co., Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Robt. Kilpatrick, Jr.</b>                             |  | 13b. MOTHER'S MAIDEN NAME <b>Virginia Krueger</b> |  | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> |  | 16. SOCIAL SECURITY NO. <b>NONE</b>               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robt. Kilpatrick, Jr., Lemay 23, Mo.</b> |  |

|   |  |   |  |  |                                  |
|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>non-expansion of lungs</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>immaturity</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|---|--|--|----------------------------------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION <b>76V5</b>   |  | 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) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from 5-21, 1952, to 5-21, 1952, that I last saw the deceased alive on 5-21, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 23a. SIGNATURE <b>B. R. ...</b>                            |  | 23b. ADDRESS <b>340 Blount Rd.</b>            |  | 23c. DATE SIGNED <b>5-22-52</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>    |  | 24b. DATE <b>5/22/52</b>                      |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>                     |  |
| 24d. LOCATION (City, town, or county) <b>Lemay 23, Mo.</b> |  | 24e. LOCATION (City, town, or county) (State) |  |   |  |
| DATE REC'D BY LOCAL REG. <b>5-22-52</b>                    |  | REGISTRAR'S SIGNATURE <b>Herbert ...</b>      |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan</b> |  |

B. Smith

3720 Washington

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.