S. No. 300
Rev. 10-48

FILED MAR 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8336

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 596

1. PLACE OF DEATH ROUTE 2. GIST ROAD
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROBERTSON
c. LENGTH OF STAY (In this place) 15 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ROUTE 2. GIST ROAD

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) ROBERTSON 4070
d. STREET ADDRESS (If rural, give location) ROUTE 2. GIST ROAD

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) JOHN c. (Last) KITTEN

4. DATE OF DEATH (Month) (Day) (Year) FEB. 18 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH AUG. 30 1863
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY SELF-Agriculture
11. BIRTHPLACE (City and State or Foreign Country) FERDINAND INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH KITTEN
13b. MOTHER'S MAIDEN NAME SOPHIA KOMETSCHER
14. NAME OF HUSBAND OR WIFE LENA KITTEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK KOLLER ROUTE 2. GIST ROAD.

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) VIRUS PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 2 DAY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INFLUENZA.
DUE TO (c)

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 480X
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* FEB 17 *19*53, *to* FEB 18, *19*53, *that I last saw the deceased alive on* FEB. 18, *19*53, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M. D.
23b. ADDRESS 1194 Hodiamont av
23c. DATE SIGNED 2-19-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE FEB. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY ST. MARYS CEMETERY
24d. LOCATION (City, town, or county) (State) ROBERTSON MISSOURI.

DATE REC'D BY LOCAL REG. 2-19-53
REGISTRAR'S SIGNATURE Herbert R. Domke-M.D.
25. FUNERAL DIRECTOR'S SIGNATURE J. H. Bocklage ADDRESS 6536 Clayton Rd.

(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 Robert M. Murray

Licensed Embalmer No. 3749

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.