

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15872

State File No.

No. 300
10-48

FILED APR 18 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3570

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis State Hospital | | d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal Street, 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Kitzelman c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) April 2 1953 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH January 31, 1903 |
| 9. AGE (In years last birthday) 50 | | 10. KIND OF BUSINESS OR INDUSTRY Lang Milk Co. | 11. BIRTHPLACE (City and State or Foreign Country) Herculeon, Missouri 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Joseph Kitzelman | | 13b. MOTHER'S MAIDEN NAME Ella Pearson | 14. NAME OF HUSBAND OR WIFE Myrtle Taylor Kitzelman |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 15 min. ? |
| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4201 | |
| 22. I hereby certify that I attended the deceased from October, 1952, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 10:05a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degrees or title) John T. McWhorter M.D. | | 23b. ADDRESS 5400 Arsenal Street | 23c. DATE SIGNED 4-2-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4-4-1953 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 6 1953 | 25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. | | ADDRESS 7128 Michigan |

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

Clarence Pochon

Licensed Embalmer No. 3093

P. O. Address 17128 Michigan

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.