

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39306

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 500 Registrar's No. 2800

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Johns		c. CITY OR TOWN St. Johns <u>421</u> <u>1/2</u>	
c. LENGTH OF STAY (In this place) 11 Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3338 Eminence		STREET ADDRESS (If rural, give location) 3516 Eminence	

3. NAME OF DECEASED (Type or Print)	a. (First) Yoland	b. (Middle) C.	c. (Last) Kitchens	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov 29 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Witherspoon Arkansas	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Otto Stockemer	13b. MOTHER'S MAIDEN NAME Malie Duthrage	14. NAME OF HUSBAND OR WIFE The Late Robert L Kitchens
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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. 492 30 8448	17. INFORMANT'S SIGNATURE OR NAME Marjorie L. Gill	ADDRESS 3516 Eminence
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Irritation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Large Decubiti DUE TO (c) Paralytic agitans 350X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe osteo arthritis Hypertensive cardiovascular		2 months	7 yr.
10 yr.	10 yr.		

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)
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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?
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22. I hereby certify that I attended the deceased from May 17, 1950, to Nov 30, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H K Roberts M.D.	23b. ADDRESS 1105 Central Clayton	23c. DATE SIGNED Dec 1, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/2/55	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Hot Springs Arkansas
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DATE REC'D BY LOCAL REG. 12-1-55	REGISTRAR'S SIGNATURE Richard R. Amberg	25. FUNERAL DIRECTOR'S SIGNATURE Hollier Mortuary	ADDRESS 10123 St. Chas. Rd.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *338*

P. O. Address *1012387.1*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.