Health, Welfare Public Service

300 4
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29428
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1984

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN [redacted] JENNINGS [redacted], Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Halls Ferry Mem. N.H. Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis,
c. CITY OR TOWN Moline 4000 / Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10128 Dellridge Lane Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Last: Kilduff

4. DATE OF DEATH Month: August Day: 21 Year: 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Sept. 15, 1877

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coater

10b. KIND OF BUSINESS OR INDUSTRY Rubber Co.

11. BIRTHPLACE (City and state or country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Kilduff

14. MOTHER'S MAIDEN NAME Catherine Mullen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO. UNK.

17. INFORMANT Address: Mrs. Burton Moore, 10128 Dellridge Lane, Moline

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: one hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease 4221 — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 3 1956 to Aug 21, 1956 and last saw ~~her~~ him alive on Aug 21, 1956
Death occurred at 11:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Littmann MD (Degree or title) **22b. ADDRESS** 8231 Clayton Rd (17) **22c. DATE SIGNED** 8/21/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 8-21-56 **23c. NAME OF CEMETERY OR CREMATORY** St. Lawrence Cemetery **23d. LOCATION** (City, town, or county) New Haven, Conn. (State)

24. FUNERAL DIRECTOR Albert H. Hoppe **ADDRESS** 4700 Washington

25. DATE RECD. BY LOCAL REG. 8-21-56

26. REGISTRAR'S SIGNATURE Herbert K. Lomke MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, [redacted] ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.