URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10127 STATE FILE NUMBER 60-039897

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 7 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Frisco Employees
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6726 Fyler
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First James Middle Anthony Last Kilker
4. DATE OF DEATH: Month Oct. Day 18 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 2, 1899
9. AGE (last birthday): 61 yr.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Anthony Kilker
13b. MOTHER'S MAIDEN NAME: Catherine McDermott
14. NAME OF HUSBAND OR WIFE: Mary Williamson Kilker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 702-03-4726
17. INFORMANT: Wife
Address: Same

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 hemorrhage, Left & Rt sided hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 8 or 9 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 8 years
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 ~~July 20 to Aug 12, 1960 & Sep 1 to Oct 5, 1960~~ 10-17-60 to 10-18-60 and last saw him alive on 10-18-60
Death occurred at 3:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Norman Miller MD (Degree or title)
22b. ADDRESS: 4960 Laclede
22c. DATE SIGNED: 10-18-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 10/20/1960
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI
24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY
ADDRESS: 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: OCT 19 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bill C. Branson

Signature of Student Embalmer

Licensed Embalmer No. 4264

P. O. Address St Louis

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