

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED OCT 26 1961 318 Primary Registration District No. 1003 Registrar's No. 9294

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| 1. PLACE OF DEATH a. COUNTY St Louis Mo | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Length of stay in 1b 5 weeks | c. CITY OR TOWN Lone dell, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. # I | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Lone dell, Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First LEE Middle Robert Last KITRELL | | | 4. DATE OF DEATH Month 10 Day 6 Year 61 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug 13 1895 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months 1 Days 24 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and state or country) Molden, Mo. | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Henry Kittrell | | 13b. MOTHER'S MAIDEN NAME Donia Hempton | | 14. NAME OF HUSBAND OR WIFE Evelyn Kittrell | |

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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) World War I Oct 2 1917 | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ernest & Kittrell 2225 Lynch St. Louis Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) UREMIA | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) CHRONIC HEPATITIS | |
| | DUE TO (c) BILATERAL CALCULOSIS OF KIDNEYS | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 602x | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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21. I attended the deceased from **9/3/61** to **10/6/61** and last saw her/him alive on **10/6/61**
Death occurred at **7:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Shenwood W. Kitchell M.D.</i> | 22b. ADDRESS 1515 LAFAYETTE AVE, | 22c. DATE SIGNED 10/6/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct 10 1961 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery Jefferson Barracks St Louis County | 23d. LOCATION (City, town, or county) (State) St Louis Mo |
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| 24. FUNERAL DIRECTOR Shenwood W. Kitchell St. Clair Mo | 25. DATE RECD BY LOCAL REG. OCT 9 1961 | 26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i> |
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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 *Sherwood W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address *St. Charles*

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.