

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5448**
Registrar's No. **2041**

9223
FILED MAR 13 1944

Registration District No. **348** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles McKittrick**

3. (b) If veteran, name war..... **No.** **3. (c) Social Security** No. **No.**

4. Sex **Male** **5. Color or** **White** **6. (a) Single, widowed, married,** **Married**
race divorced

6. (b) Name of husband or wife **Martha McKittrick** **6. (c) Age of husband or wife if** **64**
alive years

7. Birth date of deceased **August 16 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 12 hr. min.

9. Birthplace **Cincinnati, Ohio.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER

12. Name **Samuel McKittrick**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha McKittrick**
(b) Address **3258a Ohio Ave.**

17. (a) Burial **(b) Date thereof** **March 2, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. - Marcus Cemetery**

18. (a) Signature of funeral director **Walter Belder**
(b) Address **3634 Gravois Ave.**

19. (a) MAR 1 1944 **J. F. Bredack**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3258a Ohio Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb.** day..... **28th**
 year..... **1944** hour..... **11:10** minute..... **PM**

21. I hereby certify that I attended the deceased from **Feb. 25th**
, 19 **44** to **Feb. 28th, 19 44**

that I last saw h..... **im** alive on **Feb. 28th, 19 44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** **or small carcinoma of sigmoid**
 Due to **sigmoid carcinoma of sigmoid**

Due to **carcinoma of sigmoid**

Other conditions..... **Hb**
(Include pregnancy within 3 months of death)

Major findings: **cectomy**
 Of operations..... **226-44**

Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work?..... (e) Means of injury..... **0**

23. Signature **D. J. Verda** **(M. D. or other)**
Address **1515 Lafayette** **Date signed** **2/29/44**

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.....
....., Registered Apprentice? No.....
working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No.....

2178

P. O. Address.....

St Louis Mo

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.