

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42574**  
Registrar's No. **11305**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1009</b>		Registrar's No. <b>11305</b>	
1. PLACE OF DEATH a. COUNTY <b>1</b>				2. USUAL RESIDENCE <b>1009</b> a. STATE <b>Missouri</b> b. COUNTY <b>2129</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4559 McPherson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4559 McPherson</b>				d. STREET ADDRESS (If rural, give location) <b>4559 McPherson</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Virginia</b>		b. (Middle) <b>Catherine</b>		c. (Last) <b>Malone</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 31, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	
8. DATE OF BIRTH <b>Sept. 20, 1868</b>		9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Dent Co., Mo. 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Elias Kitchen</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Watkins</b>		14. NAME OF HUSBAND OR WIFE <b>William</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pearl Bynum, 4559 McPherson</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>White disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2:00 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H-510</b>			
22. I hereby certify that I attended the deceased from <b>July 1, 1941</b> to <b>Dec 31, 1950</b> that I last saw the deceased alive on <b>Dec 31, 1950</b> , and that death occurred at <b>10:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. E. Sheets</b>				23b. ADDRESS <b>961 S. Skunk River</b>		23c. DATE SIGNED <b>1/2/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-1-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Asher</b>		24d. LOCATION (City, town, or county) (State) <b>Phelps Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 2 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Sreuter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

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 ME

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer,

Signed

Guy W Wilkiner

Licensed Embalmer No. 3575

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.