

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>2911<sup>E</sup> OHIO AVE</b>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>L</b> Last <b>KIDD</b>			4. DATE OF DEATH Month <b>NOV</b> Day <b>3</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 2, 1912</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHEMICAL OPERATOR MONSANTA CHEMICAL</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>		13a. FATHER'S NAME <b>ROBERT KIDD</b>		13b. MOTHER'S MAIDEN NAME <b>ETTA LINDSEY</b>	
14. NAME OF HUSBAND OR WIFE <b>LEONA KIDD</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.		17. INFORMANT Address <b>LEONA KIDD 2911<sup>E</sup> OHIO AVE</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Methyl Alcohol poisoning; Wood alcohol.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Apparently fell inactivated at work Monsanto Chemical Company's exact date and time 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)  
**880.3-5**

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.)  
**SEE HTA**

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.)  
**oo Factory**

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**St Louis MO**

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at **1258P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree & title)  
**Patrick F Taylor Coroner**

22b. ADDRESS  
**1300 Clark**

22c. DATE SIGNED  
**11.4.60**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**BURIAL**

23b. DATE  
**NOV 7, 1960**

23c. NAME OF CEMETERY OR CREMATORY  
**ST. PETER + PAUL**

23d. LOCATION (City, town, or county) (State)  
**ST. LOUIS MO**

24. FUNERAL DIRECTOR ADDRESS  
**Thomas Kuter 2906 Gravois**

25. DATE RECD. BY LOCAL REG.  
**NOV 4 1960**

26. REGISTRAR'S SIGNATURE  
**Leon Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 340

P. O. Address 2906 J

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