California, San Francisco Area Funeral Home Records, 1895-1985

1A. NAME OF DECEASED—FIRST NAME: Frederick. | 1B. MIDDLE NAME: Henry | 1C. LAST NAME: Kilpatrick

2A. DATE OF DEATH—MONTH. DAY. YEAR: Sept 10 1963 | 2B. HOUR: 5-10 PM

3. SEX: Male | 4. COLOR OR RACE: White | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ireland | 6. DATE OF BIRTH: Feb. 16 - 1882 | 7. AGE (LAST BIRTHDAY): 81 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. NAME AND BIRTHPLACE OF FATHER: Robert Wm Kilpatrick Irland. | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Elizabeth Pillow, Irland | 10. CITIZEN OF WHAT COUNTRY: U.S.A. | 11. SOCIAL SECURITY NUMBER: 558-01-0933

12. LAST OCCUPATION: Guard-Retired | 13. NUMBER OF YEARS IN THIS OCCUPATION: 20 | 14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): U.S. army | 15. KIND OF INDUSTRY OR BUSINESS: U.S. Army, Fort

16. IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATES OF SERVICE: no | 17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED: Married | 18A. NAME OF PRESENT SPOUSE: Elizabeth M Kilpatrick | 18B. PRESENT OR LAST OCCUPATION OF SPOUSE: Housewife

19A. PLACE OF DEATH—NAME OF HOSPITAL: San Francisco General | 19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) ☐ INSIDE CITY CORPORATE LIMITS ☐ OUTSIDE CITY CORPORATE LIMITS

19C. CITY OR TOWN: San Francisco | 19D. COUNTY: S F | 19E. LENGTH OF STAY IN COUNTY OF DEATH: ✓ 40 YEARS | 19F. LENGTH OF STAY IN CALIFORNIA: ✓ 40 YEARS

20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 219 Girard St | 20B. IF INSIDE CITY CORPORATE LIMITS ☒ CHECK HERE | IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE ☐ ON A FARM ☐ NOT ON A FARM | 21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE)

20C. CITY OR TOWN: S F | 20D. COUNTY: S.F. | 20E. STATE: Calif. | 21B. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)

22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 8/8/63 TO 9/10/63 AND THAT I LAST SAW THE DECEASED ALIVE ON 9/10/63

22B. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN _____ (INVESTIGATION, AUTOPSY, INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22C. PHYSICIAN OR CORONER—SIGNATURE: ▶ Wm E Kaye MD | DEGREE OR TITLE

22D. ADDRESS: S F Gen Hosp. | 22E. DATE SIGNED: 9/11/63

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial | 24. DATE: Sept. 10/63 | 25. NAME OF CEMETERY OR CREMATORY: Cypress Lawn. | 26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Carl E Davis 4067

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): H Gray | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR | 29. LOCAL REGISTRAR—SIGNATURE ▶

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Cardiovascular Collapse — mins

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

DUE TO (B): Pneumonia — hrs.

DUE TO (C): Prostatic Adenocarcinoma — mos.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

31. OPERATION—CHECK ONE: ☒ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION:

33. AUTOPSY—CHECK ONE: ☒ NO AUTOPSY PERFORMED ☐ AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

NAME Frederick H. Kilpatrick NATIVITY Irland. AGE

Beloved HUSBAND OR ~~WIFE OF~~ Elizabeth M. Kilpatrick.

~~FATHER OR MOTHER OF~~

~~SON OR DAUGHTER OF~~

~~BROTHER OR SISTER OF~~

~~MEMBER OF~~ Interment Private

FUNERAL NOTICE FORM — INVITE FRIENDS ☒ SHORT FORM ☐ PRIVATE ☐ UNTIL 9 P.M. ☐

HOUR 9:30 A M DAY Friday DATE Sept. 13 PLACE St Elizabeth

CHRON. | X EXAM. Thursday NEWS-CALL