N. Beck

9468 So Broadway

Do not use this space.

25428

OCT 2 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: St Louis

Township: CARONDELET

City: (No. 210 W Mary St. Ward)

Registration District No.: 1123

Primary Registration District No.: 6248 E

File No.:

Registered No.: 281

2. FULL NAME John J. King

(a) Residence. No. 210 W Mary St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 1924

7. AGE: Years 3 Months 1 Days 7 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Claude King

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Piedmont
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Mary Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Piedmont
(STATE OR COUNTRY): Mo

14. INFORMANT: Claude King
(Address): 210 W Mary St Louis Mo

15. Aug. 1, 1927 L. C. Ebrock
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8 — 1 1927

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1927, to Aug 1st, 1927, that I last saw ... alive on Aug 1st, 1927, and that death occurred, on the date stated above, at 6 50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entero Colitis

Duration: 1 yrs. 10 ds.

CONTRIBUTORY (SECONDARY): None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

D. DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward C. Beck, M. D.

8-2, 1927 (Address) 9468 So Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Piedmont Mo

DATE OF BURIAL: 8-3 1927

20. UNDERTAKER: Weick Bros

ADDRESS: 2018 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.