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

Do not use this space.

14842

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14842

Township ..... Primary Registration District No. 1003 Registered No. 3736

City St Louis Mo (No. 6014 Minnesota St. ..... Ward)

2. FULL NAME Beulah King

(a) Residence. No. 6014 Minnesota St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John L. King

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 17 - 1887

7. AGE: Years 40 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oakland City Ind.

PARENTS
10. NAME OF FATHER: Andrew J. Fuller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Booneville Ind.
12. MAIDEN NAME OF MOTHER: Flora French
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Ill.

14. INFORMANT (Address): John L. King 6014 Minnesota Ave

15. FILED ..... 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Apr. 1, 1928, that I last saw her alive on Apr. 1, 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of cervix Uteri

46 (duration) — yrs. 8 mos. ? ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Lab. Exam —

(Signed) W F Wagenbach, M. D
4/3, 1928, (Address) 4738 Gravois

*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: Lakewood Park Cem. DATE OF BURIAL: 4-4-1928

20. UNDERTAKER: Peetz Bros. 3029 ADDRESS: Lafayette

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.

9-10-24 p.m.

9 - 10 a.m or 2-4 p.m.