

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

Do not use this space.

38990

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City Hospital #2)

File No.....  
 Registered No. 11650  
 St. .... Ward)

**2. FULL NAME**

(a) Residence No. 2300 Papineau St., 27 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt 69</u>	MONTHS	DAY
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER <u>Charles King</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>La.</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>La.</u> (STATE OR COUNTRY)

14. INFORMANT Anna F. Woodard  
 (Address) City Hospital #2

15. FILED NOV 30 1928 Man C. Starkey  
 19. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-15-1928

17. I HEREBY CERTIFY, That I attended deceased from 11-4-1928 to 11-15-1928, that I last saw h. l. m. alive on 11-13-1928, and that death occurred, on the date stated above, at 11:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chor. Myocarditis  
38  
 (duration) yrs. ? mos. da.  
 CONCOMITANT (SECONDARY) fluid  
 (duration) yrs. ? mos. da.

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? Sal.  
 (Signed) J. G. Williamson, M. D.  
 , 19 (Address) 2945 Southton

\*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 St. Louis U. DATE OF BURIAL 11/16 1928

20. UNDERTAKER W. Richter ADDRESS 3500 Rutger

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

