

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

Do not use this space.

**3518**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City: *St. Louis Mo.* (No. ...., *Sanitarium* St. .... Ward)

**2. FULL NAME**

*Henry King*  
 (a) Residence. No. *1463 Union* age. *13* Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *62 yrs. +* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<i>about 62</i>				

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. *Plasterer 73*  
 (b) General nature of industry, business, or establishment in which employed (or employer). *Unknown*  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*  
 (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ireland*  
 (STATE OR COUNTRY) *15*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Louis*  
 (STATE OR COUNTRY) *Missouri*

14. INFORMANT *Wm R. Summers*  
 (Address) *5300 Arsenal*

15. FILED *JAN 19 1931*  
*Wm C. Stanley* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 19<sup>th</sup> 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Jan. 1928*, 19... to *Jan. 1931*, 1931 that I last saw h. *alive on Jan. 18<sup>th</sup> 1931*, and that death occurred, on the date stated above, at *8:00 A. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*  
*930*

*97* (duration) *1* yrs. *6* mos. ds.

CONTRIBUTORY (SECONDARY) *Arteriosclerosis*  
 (duration) *7* yrs. .... mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS *Clinical*  
 (Signed) *Wm R. Summers*, M. D.

*118* .1931 (Address) *5300 Arsenal*

\*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 *Culvary Cemetery* DATE OF BURIAL *1/20 1931*

20. UNDERTAKER *Arthur J. Donnelly* ADDRESS *2039 Wash*

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.

