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.

APR 29 1932

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

Do not use this space.

9900

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 786 — File No.

6 Township ~~Central~~ — Primary Registration District No. 4469 — Registered No. 17

8 City Maplewood, (No. 7709 Lindberg drive, St. Ward)

2. FULL NAME Solomon King,

(a) Residence, No. St., 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: Male
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~~ Mattie King,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865-12-25

7. AGE: YEARS 66 — MONTHS 2 — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bricklayer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 2

FATHER

13. NAME Amos King,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER

15. MAIDEN NAME Jennie Stevenson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) James W. King 7709 Lindberg Dr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 3/24/32 19

19. UNDERTAKER (ADDRESS) Robert J Ambruster Clayton Road at Concordia Lane.

20. FILED 3/23 1932 Mercedes Schuster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22nd, 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1932, to March 22nd, 1932.
I last saw him alive on March 22nd, 1932 Death is said to have occurred on the date stated above, at 7:45 P.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage (apoplexy)

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. H. Dudenstein, M. D.
(Address) Manchester Bank Bldg.