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

Do not use this space.

42032

File No.
Registered No. 11155

1. PLACE OF DEATH

County
Township
City St. Louis (No. 4439 Evans St.) Ward)
Registration District No.
Primary Registration District No. 7891

2. FULL NAME Emil King

(a) Residence, No. 4439 Evans St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mo.

FATHER

13. NAME John La Lino

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Ida Knowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida Knowden

17. INFORMANT (ADDRESS) Albert C. King 4439 Evans

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 17 1932

19. UNDERTAKER (ADDRESS) Cullen & Kelly 4110 Vis

20. FILED DEC 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec. 14, 1932

I last saw he alive on Dec. 14th, 1932 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	12/10/32
10X	
10X	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) P. P. Gay M. D.

(Address) 906 Beaumont Bldg.

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.