

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 100
 Township _____ Primary Registration District No. _____
 City St. Louis Mo (No. 5204, Stensington) St. _____ Ward _____

File No. 7839
 Registered No. 1809

2. FULL NAME

Captain George W. King, Sr.
 (a) Residence, No. 5204 Stensington St., 12 Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>
	DAYS <u>10</u>	if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>River Captain</u>	
	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) <u>Ohio</u>		
FATHER	13. NAME <u>Albert King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mrs. Julia Travis</u> (ADDRESS) <u>5204 Stensington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>Feb. 22 1933</u>		
19. UNDERTAKER <u>Hy Leidner Und Co</u> (ADDRESS) <u>477 W. Market St.</u>		
20. FILED <u>FEB 22 1933</u> <u>W. C. Markley</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Feb. 20, 1933
 I last saw him alive on Feb. 19, 1933 Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:
824 Date of onset
Haemorrhage: 10
cerebral cell 8
824
 Other contributory causes of importance:
Hypertension

23. Name of operation none Date of _____
 What test confirmed diagnosis? General Was there an autopsy? No
findings

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) Herby L. Lund, M. D.
 (Address) 600 Carleton Bldg.

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.

Ma 4585