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.

JUL 27 1935

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 20944
Township Central — Primary Registration District No. 6033 — Registered No. 165
City Wellston (No. 1603 Vassier St. Ward)

2. FULL NAME Francis King
(a) Residence, No. 1603 Vassier St., 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: m
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 4, 1932
7. AGE: YEARS 2 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
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): St. Louis mo.

FATHER
13. NAME: Raymond King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis mo

MOTHER
15. MAIDEN NAME: Margaret Bartos
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis mo

17. INFORMANT (ADDRESS): Raymond King 1603 Vassier
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery DATE July 1 1935
19. UNDERTAKER (ADDRESS): Cullen + Kelly 1416 N. Taylor ave.
20. FILED 6-29- 1935 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/28/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10am m.
The principal cause of death and related causes of importance were as follows:

Skull crushed, dislocation axis and atlas, dislocation of rt. shoulder and fragmented fracture of rt. femur. Auto and pedestrian; Accident happened at 1603 Vassier. Central Township, Verdict of Jury; Unavoidable automobile accident.

Date of onset: 200

Other contributory causes of importance:
Name of operation Coroner's vie Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Lukas B. Turner, M. D. 6/29/35
(Address) 3718 Jennings Rd.
Coroner St. Louis Co.