

MAY 26 1936

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

Do not use this space.

791

21079

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis*(No. City Hospital # *1*)

File No.....

Registered No. *5286*

St. Ward

2. FULL NAME *Robert S. King*(a) Residence, No. *1243^a Ambrecht Ave.*, St. *5* 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)

*male**white**married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

W. E. King

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

Sept. 9-16-1891

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*44**8**1*

OCCUPATION

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

Stationary Buyer

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

W. V. 2. Rail Road

10. Date deceased last worked at this occupation (month and year)

*May 16-24*11. Total time (years) spent in this occupation *18*

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

St. Louis Mo.

FATHER

13. NAME

Charles King

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

Ill.

MOTHER

15. MAIDEN NAME

Clara Russell

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

Linn Mo.

17. INFORMANT

(ADDRESS) *W. E. King 1243^a Ambrecht Ave.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Bellefontaine* DATE *5-19-1936*

19. UNDERTAKER

(ADDRESS) *Alexander & Sons 617⁵ Debuque Blvd*

20. FILING DATE

*MAY 18 1936**J. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-16-1936*

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 *6:30 p.m.*

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

Gunshot wound of head inflicted in public toilet in Forest Park

Other contributory causes of importance:

Name of operation..... 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? *suicide* Date of injury *5/16*, 19*36*Where did injury occur? *St. Louis, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *gun shot wound*Nature of injury *thoracic and aortic*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed) *Harold P. King*, M. D.(Address) *St. Louis*

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.

