OCT 5 1936

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

791
1003

Do not use this space.
33213

File No. 9150
Registered No.

1. PLACE OF DEATH
County
Registration District No.
Township
Primary Registration District No.
City St Louis Mo. (No. 2830 Stoddard St. St. Ward)

2. FULL NAME Julia E King
(a) Residence, No. 2830 a Stoddard st. St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Lic # 2560

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ~~Widow~~ unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 6th, 1881

7. AGE: YEARS 55 ~~56~~ | MONTHS 5 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
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) Mercell Tenn.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary Jackson
(ADDRESS) 3326 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem, DATE 9-4-36, 19

19. UNDERTAKER Ellis Funeral Home
(ADDRESS) 2820 stoddard St.

20. FILED SEP 3 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-4-, 1936 to 8-24, 1936
That I saw her alive on 8-24, 1936 Death is said to have occurred on the date stated above, at 8/45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocarditis acute due to usage of too many aspirins.	

Other contributory causes of importance:
Aspirin habit (Dr. states that aspirins were taken for pains in body)

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) R. E. Long, M. D.
(Address) 2907 Eastock Ave.

[redacted]ceased had been treated only once
Dr on 8-4-36. She was dead
hen Dr. was called 8-29-36.
Coroner will not exhume body
nless requested by insurance co.
Dr. states that deceased used an
bnormal amount of aspirin cau-
ing the acute myocarditis. For
his reason I code this 76 b.

Elmer Rosenthal

1936
S-33213