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.

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

SEP 10 1937

Do not use this space.

29039

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Milner Hotel 1431 Pine St. St. ..... Ward)

File No. ..... Registered No. 7672

2. FULL NAME Jack King

(a) Residence, No. ..... St., nR Ward. St Clair Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11-1931

7. AGE: YEARS 6 | MONTHS 7 | DAYS 1 | 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.
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) Richmond Indiana

FATHER

13. NAME Jack King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byers Texas

MOTHER

15. MAIDEN NAME Lenore Barber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Mo

17. INFORMANT (ADDRESS) William H Barber St Clair Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Clair Mo DATE Aug 14 1937

19. UNDERTAKER (ADDRESS) Casey & Co St Clair Mo

20. FILED AUG 14 1937 19 J Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1937

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 9 P m.

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

Phosphorus Poisoning suffered when Given food mixed with rat poison by one Lenore King, mother of deceased, about 5:00 P.M.

Date of onset

Other contributory causes of importance:

Aug. 12, 1937 at Milner Hotel 1431 Pine Street. St Louis Mo

Name of operation 175 B Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/12, 1937

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. Public place

Manner of injury Fed rat Poison

Nature of injury phosphorus poisoning

24. Was disease or injury in any way related to occupation of deceased? ..

If so, specify .....

(Signed) Joseph M. Queen, M.D.

(Address) Deputy Coroner