

FEB 16 1938

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

4018
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township St. Louis Primary Registration District No. 27
(c) City St. Louis (d) Street No. Aberdeen Place Registered No. 121
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 27 Aberdeen Place St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1886
7. AGE YEARS 51 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Candy Mfrg.
9. Industry or business in which work was done, as 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 John J. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
MOTHER 15. MAIDEN NAME Mary Whalen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
17. INFORMANT (ADDRESS) Mrs. Helen King 27 Aberdeen Place
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 19, 1938
19. FUNERAL DIRECTOR (ADDRESS) Cullinane Brothers 1710 N. Grand Blvd.
20. FILED 1-18 1938 J.R. Magee M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to Jan 16, 1938
I last saw him alive on Jan 16, 1938 Death is said to have occurred on the date stated above, at 9:25 A.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia (Hypostatic)
Carcinoma of Jaw
Date of onset
Other contributory causes of importance:
45
Name of operation Date of
What test confirmed diagnosis? Lab 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
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 Stem R. Nodule M. D.
(Signed) J. R. Magee (Address) 1740 S. 4 St. Louis Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.
Signed: Fred Frick
Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)