

REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19463

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis(b) Township Clayton(c) City ClaytonRegistration District No. 784Primary Registration District No. 101(d) Street No. St. Louis County Hospital St. Registered No. 950
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 John Kingston 593(a) Residence, No. 132 Cunningham, Ferguson, Mo. 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

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widower5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFPlumber6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/3/1880

7. AGE

YEARS
57MONTHS
6DAYS
28If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc. Plumber9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

FATHER

13. NAME Charles Kingston14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louisa Crosby16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana17. INFORMANT
(ADDRESS) Brother, Walter Chrismer18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis Cem. DATE June 3/38.19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiament Ave.

20. FILED

JUN 1 - 1938J. K. M. D. P. J.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31/38 1922. I HEREBY CERTIFY, That I attended deceased from
5/24/38 19..... to 5/31/38 19.....I last saw h. im alive on 5/31/38 19..... Death is said
to have occurred on the date stated above, at 1.25 P. M.

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

Pulmonary Embolism

Date of onset

11/12

Other contributory causes of importance:

Name of operation..... Date of.....

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

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) L. M. Crowley M. D.(Address) St. Louis County Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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, *Jos. N. Clark* , Licensed Embalmer No. *1661*

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

 L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Jos. N. Clark*
Licensed Embalmer No. *1661*

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.)