

REC'D JUN. 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19551

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township
(c) City Creighton
(e) Length of residence in city or town where death occurred yrs. mos. ds.Registration District No. 284Primary Registration District No. 67Registered No. 818(d) Street No. 6331 Ridge St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Raleigh A. King Sr. 530(a) Residence, No. 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 (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude A. King6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 18777. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
60 10 178. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Clerk9. Industry or business in which work was done, as saw mill, bank, etc. Rock Island10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chanute Kansas13. NAME David King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Lucinda Weldon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Mrs. Maude A. King 6331 Ridge Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE May 7, 193819. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1187 Hamilton Avenue.20. FILED 5-6 1938 J. H. Meyer, M. D., P. H. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 193822. I HEREBY CERTIFY That I attended deceased from April 15, 1938, to May 5, 1938
I last saw him alive on May 4, 1938. Death is said to have occurred on the date stated above, at 9 A. M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Paralysis AgitansName of operation none Date ofWhat 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

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? noIf so, specify Merle P. ..., M. D.(Signed) Merle P. ... (Address) 1492 Goddard

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,, Licensed Embalmer No.....

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

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *Merle Shepard*

Licensed Embalmer No. *3555*

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.)