

REC'D FEB 10 1939

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

791

422
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 1008
 (b) Township St. Louis 2 Primary Registration District No. 1008 Registered No. 422
 (c) City Mo (d) Street No. 4837 Maplelitt St.
 (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

530 Thomas A King
 (a) Residence, No. 4837 Maplelitt St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Eustace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-10-1882</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>5</u>	DAYS <u>2</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Deputy Sheriff</u>	
	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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Thomas King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary King</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Lawrence King 4837 Maplelitt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>1/16/39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Sullivan 2849 9th Eucled</u>		
20. FILED <u>JAN 13 1939</u> <u>J.P. Beck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1937, to Jan 12, 1939
 I last saw him... alive on Jan 12th, 1939. Death is said to have occurred on the date stated above, at 2207.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset From history 5 years

Other contributory causes of importance:
Bronchial Catarrh
Chronic Interstitial nephritis
 5 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Allen Beck, M. D.
 (Address) 4701 St. Louis Ave

