

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

4409
Do not use this space.

1. **REC'D MAR 13 1939**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 or **St. Louis** (d) Street No. **City Hospital No. 1** St.
 City (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 **520 Janet G. King**

(a) Residence, No. **1920 Hickory** St. **22** (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 **female** 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) **January 26, 1939**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
0	0	5	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **infant**

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, Missouri**

FATHER 13. NAME **Edmond King**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Ruby Hopkins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **De Soto Missouri**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION OR REMOVAL in PLACE **Lakewood Park** DATE **2/3/39**, 19..

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A. W. McLaughlin**
2301 Lafayette Avenue

20. FILED **FEB 3 1939** *J. D. Beckwith* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/1/39**, 19..

22. I HEREBY CERTIFY, That I attended deceased from **1/26/39** to **2/1/39**, 19..
 I last saw her **2/1/39**, 19.. Death is said to have occurred on the date stated above, at **6.40 p.m.**
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction, cause unknown
 Date of onset **1226**

Other contributory causes of importance:

Name of operation **Laparotomy** Date of **2/1/39**
 What test confirmed diagnosis **Operation** Was there an autopsy? **1**

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 **Cerebral Schwartzman**, M. D.
 (Signed) **Cerebral Schwartzman**
 (Address) **City Hospital No. 1**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

L. H. Casper, Registered Apprentice No. _____
working under my personal supervision.

Signed

L. H. Casper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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

If this body is not embalmed, above space should be left blank.