

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4920
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

- (a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. Deaconess Hospital 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

- 520 Walter King
 (a) Residence, No. 5061 Tholozan St. 17
 (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)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Dora Mummert King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8th 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Embalmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Undertaker
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Edward L. King

14. BIRTHPLACE (CITY OR TOWN) Lexington
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eliza Jane Lisle

16. BIRTHPLACE (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Missouri

17. INFORMANT Walter King
 (ADDRESS) 5061 Tholozan

18. BURIAL PLACE Oak Grove DATE Feb 20th 39

19. FUNERAL DIRECTOR (NAME) Wagoner Und Co
 (ADDRESS) 3621 Olive Street

20. FILED FEB 20 1939 J. B. Bredeek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 193922. I HEREBY CERTIFY, That I attended deceased from July 1st 1939 to July 18, 1939, 1939

I last saw him alive on July 18, 1939. Death is said to have occurred on the date stated above, at 3 a m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma
Recto Sigmoid
 Date of onset 1936

Other contributory causes of importance:
Thrombosis
Illiac Vein
2 days

Name of operation Colostomy Date of 2/16/39
 What test confirmed diagnosis? Specimen 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?.....
 If so, specify.....
 (Signed) J. H. Heuser M. D.
 (Address) 1634 W. Grand

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

Registered Apprentice No..... working under my personal supervision

Signed

Neville B. Frohnette

Licensed Embalmer No. *3696*

P. O. Address

3621 Olive St

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.)

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