10182

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41470

Registration District No. 791 Primary Registration District No. Registrar's No. 10593

JAN 12 1940

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 23 Days (Specify whether
In this community 17 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1222 Dolman St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME King, John 520
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Lou Ann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 1, ~~1876~~ 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Morganfield, Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Maintenance Man 1
11. Industry or business Masonic Temple
FATHER
12. Name John King 1
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lou Teer
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature James P King
(b) Address 1222 Dolman St
17. (a) Removal (b) Date thereof 12/11/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Morganfield, Ky.
18. (a) Signature of funeral director W. W. McKenzie
(b) Address 2301 Lafayette Avenue
19. (a) 12-11-39 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11, year 1939 hour 4:45 minute A. M.
21. I hereby certify that I attended the deceased from October 20, 1939 to December 11, 1939 that I last saw him alive on December 11, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	
Due to Generalized Arteriosclerosis	
Due to	
Other conditions Carbuncle of chest (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Marshall McKell (M. D. or other)
Address 1515 Lafayette, Date signed 12/11/39

(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 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 Paul A. Keith

Licensed Embalmer No. 3647

P. O. Address 2301 Lafayette Av

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

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