

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12365

State File No. _____

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 636

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town Carondelet Township 2 mi N
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 2 mo 19 days
(Specify whether years, months or days)
In this community 1 yr 2 mo 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5707 Goener
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1940 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1, 1939, to March 30, 1940;
that I last saw him alive on March 29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10 yrs

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Refused

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)
(e) Means of injury _____
28. Signature Clara R. Mulford M.D. or other _____
Address Koch Hospital, East Date signed 3-30-40

3. (a) PRINT FULL NAME HENRY KING
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife nee Elizabeth Beckman 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 26, 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Pat Knot (City, town, or county) Mo (State or foreign country)

10. Usual occupation Clark

11. Industry or business Railroad

12. Name Johann King
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Caroline Dwyer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Koch, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Street Burial Park

18. (a) Signature of funeral director Budweider's Funeral Home
(b) Address 1936 St. Louis Ave

19. (a) APR 1 1940 (Date received local registrar) (b) R Meyer M.D. (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Max Harfel

Registered Apprentice No.

215

working under my personal supervision.

Signed

Felix J. Krupar

Licensed Embalmer No.

3497

P. O. Address

1936 St. Louis

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.