DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19582

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 935

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7450 Teasdale Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL")

(d) Street No. 7450 Teasdale Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Minnie King 5 [illegible]

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles W. King

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Febr. (Month) 6 (Day) 1874 (Year)

8. AGE: Years 66 Months 3 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eveline Casperson
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Dr. H. V. Blount

(b) Address 7450 Teasdale Ave U. C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 14 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day may year 40 hour 3 1/2 minute P. M.

21. I hereby certify that I attended the deceased from past 5 years, 19 , to , 19 ; that I last saw her alive on 5-13- , 19 40 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage.	2 hrs.
Due to Hypertension arteriosclerosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

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? 707 — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature G J Fuchs (M. D. ~~or other~~)

Address 6651 Enright Date signed 5-14-40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Warren A. Carver

Licensed Embalmer No. 353 x

P. O. Address.....

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.