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No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27308

State File No. _____

SEP 25 1940
7911

7204

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 2 Days
(Specify whether _____)
In this community 30 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limit, write "RURAL")
(d) Street No. 1502 S. 10th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24,
year 1940 hour 8:55 minute P. M.

21. I hereby certify that I attended the deceased from August 23, 1940, to August 24, 1940
that I last saw him alive on August 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation Duration 1 wk.
Due to Hypertension 6 mo.
Due to Cardiac Hypertrophy 6 mo.
Other conditions Chronic nephritis.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Not granted. 131
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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Samuel Wallace Jr. (M. D. or _____)
Address 1515 Lafayette Ave. Date signed 8/26/40

3. (a) PRINT FULL NAME James King 520

3. (b) If veteran, name war ---- 3. (c) Social Security No. 488-05-1356

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased March 22, (Month) (Day) 1882 (Year)

8. AGE: Years 58 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Worker

11. Industry or business _____

12. Name Thomas King

13. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. King

(b) Address 1502 S. 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wacker-Welders

(b) Address 2331 S. Broadway

19. (a) AUG 27 1940 (Date received from Registrar) (b) J. J. [Signature] (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.....

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

Signed Frank J. Dyland.

Licensed Embalmer No. 2675

P. O. Address St Louis Mo

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.