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

FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29611

Registration District No. 780 Primary Registration District No. 106 Registrar's No. 1397

1. PLACE OF DEATH:

(a) County: Kirkwood St Louis

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

(c) Name of hospital or institution: 119 E. Woodbine Ave. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Kirkwood

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 119 E. Woodbine Ave (If rural, give location)

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

3. (a) PRINT FULL NAME: Cecelia T. King 520

3. (b) If veteran, name war: -------

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James King

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: December 1 — 1886 (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: Pittsburg (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

FATHER 12. Name: James Higgins

13. Birthplace: Ireland 5 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Unknown Kane

15. Birthplace: Ireland 5 (City, town, or county) (State or foreign country)

16. (a) Informant: James T. King

(b) Address: 119 E. Woodbine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Lawn

18. (a) Signature of funeral director: Wacker-Helderle

(b) Address: 2331 S. Broadway

19. (a) AUG 22 1940 (Date received local registrar) (b) A. C. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 6 1940 to Aug. 20 1940, that I last saw her alive on Aug. 19 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 7 minutes

Due to: Arterial hypertension

Due to: Arteriosclerosis and obesity

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: —
Of autopsy: ✓

Duration

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: [illegible] (M. D. or other)

Address: 2901 Cherokee St. St. Louis Date signed: 8-21-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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