

No. 2
4-12-40
-17-39
K 23159

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 das**
(Specify whether
In this community **40 yrs**
years, months or days)

3. (a) PRINT FULL NAME **William King**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **10** years

7. Birth date of deceased **April 10 1882**
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **6** If less than one day hr. min.

9. Birthplace **Lexington Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business

12. Name **Calvin King**

13. Birthplace **Lexington Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Lexington Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jannet M. Robinson**
(b) Address **3203 Lucas Ave**

17. (a) **Burial** (b) Date thereof **12-21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Bennie Love**
(b) Address **1103 Washington Blvd**

19. (a) **DEC 21 1940** (b) **J. F. Fletcher**
(Date received by registrar) (Registrar's signature)

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. **105 N 16th St**
(If rural, give location) **23**
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17**
year **1940** hour **5:05** minute P. M.

21. I hereby certify that I attended the deceased from **December 10, 1940** to **December 17, 1940**,
that I last saw him alive on **December 17, 1940**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **2 das**

Due to **35**
Due to

Other conditions **Urethral Stricture Abt 1 yr**
(Include pregnancy within 3 months of death)

Major findings: **probably due to gonorrhoea** PHYSICIAN
Of operations
Of autopsy
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 **J. F. Fletcher** (M. D. or other)
Address **2601 N Whittier** Date signed

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

MOTHER FATHER

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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

Melvin Blackburn

Licensed Embalmer No. *3962*

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, fact should be so stated above.