

No. 2  
4-13-40  
-17-39  
X23159

WED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15835

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 829

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution: 2729 Annapolis Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 mos.  
(Specify whether years, months or days)

In this community 12 mos.

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 2729 Annapolis Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 10 years.

3. (a) PRINT FULL NAME MARY ELIZABETH KING

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Albert King 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Aug. 9 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Household

11. Industry or business

12. Name John Smith

13. Birthplace Caducah Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Clara McCorrigan

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

16. (a) Informant Anna Schell

(b) Address 2729 Annapolis Overland Mo

17. (a) Removal (b) Date thereof 4-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville, Ill.

18. (a) Signature of funeral director Wm. J. Woodson

(b) APR 25 1941 Woodson Rd - Overland Mo

19. (a) (Date received local registrar) (b) 70-11-1941 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1941 - hour 7 minute 36-9 P. M.

21. I hereby certify that I attended the deceased from Jan 3-41 (April-15), 1941, to April 15, 1941; that I last saw her alive on April 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 4 mo.

Due to 1316

Other conditions Chronic nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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 Ray A. Waller (M. D. or other) MD

Address 2435 Woodson Rd. Date signed 4-16-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16  
3  
11

**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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *2504 Woodson  
Overland*

**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.**