

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18956

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 1007

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 202 Dade Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Louise S. Kingston,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Kingston

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

7. Birth date of deceased July 4, 1842.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	98	10	7	_____hr. _____min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name ? Crosby

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norma Chrismer

(b) Address 202 Dade Ave.

17. (a) Burial (b) Date thereof May 14/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAY 12 1941 (b) D.R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Ferguson, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 202 Dade Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour 5.50 minute P.M. M.

21. I hereby certify that I attended the deceased from 1-10 - 1941 to 5-11 - 1941
that I last saw h. er alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 1930

Due to Chronic Nephritis 1925

Due to Chronic Nephritis 1938

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

PHYSICIAN _____

Major findings: _____

Of operations none

Of autopsy none

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? _____

717

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature Roy Johnson (M. D. or other) 0

Address Ferguson Mo Date signed 5-12-41

(Licensed Embalmers' Statement on Reverse Side)

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

76
6
2

Dr. Roy Johnson
Ferguson, Mo.

1173
222, 15
450
~~419.65~~

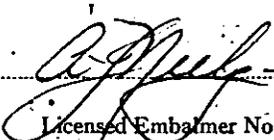
STATEMENT BY LICENSED EMBALMER

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. 3225

P. O. Address 1125 Hodiament Ave.,

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.