

No. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26126
Registrar's No. 1415

Registration District No. 1941784

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town County Hospital Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clayton
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 301 1/2 Lithia Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert S. King

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Agnes King (deceased) 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased October 17 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 25 _____ hr. _____ min.

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

10. Usual occupation Stonemason Retired

11. Industry or business _____

12. Name Unk Unk

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

14. Maiden name Unk

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

16. (a) Informant Clifford Nelson

(b) Address Rock Hill Village 2

17. (a) Burial (b) Date thereof 7-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Popp, Inc.

(b) Address Kirkwood

19. (a) JUL 16 1941 (b) _____
(Date received local registrar) (Name and address of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 8:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death By being struck by an automobile while a pedestrian on a public highway. Duration _____

Due to Fractures of skull and spine.

Due to _____

Other conditions (include pregnancy within 3 months of death) 170

Major findings: Of operations _____

Of autopsy Yes

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) Accident

(b) Date of occurrence July 12, 1941

(c) Where did injury occur? Rock Hill, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Louis H. Popp (M. D. or other) _____

Address Kirkwood, Mo. 7/14/41 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

John M Meyer

Licensed Embalmer No.....

3285

P. O. Address.....

Kirkwood, 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, fact should be so stated above.