

S. No. 2  
-1-4-41  
5-17-39  
PI X23390

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30374**  
Registrar's No. **7713**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Homer G. Phillips Hosp.**  
(d) Length of stay: In hospital or institution **10 Hrs. & 55 Min.**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **3304 LaSalle**  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Robert King**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **0**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **9 5 41**  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **10 hr. 55 min.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **9th** day **6th** year **1941** hour **5** minute **55 A.M.**  
21. I hereby certify that I attended the deceased from **Sept. 5th** 19 **41** to **Sept. 6th** 19 **41**  
that I last saw him **alive** on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Atelectasis Pulmonary Hemorrhage**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **As above**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary King**  
15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Father Mary Sherard**  
(b) Address **2601 N. Whittier St.**  
17. (a) **burial** (b) Date thereof **9-25-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Galles Field**  
18. (a) Signature of funeral director **Joe Hamilton**  
(b) Address **City Health Dept.**  
19. (a) **SEP 24 1941** (b) **J. J. Bredsch**  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_  
23. Signature **Lewis J. Boller** (M. D. or other) \_\_\_\_\_  
Address **2611 N. Whittier** Date signed **9-24-41**

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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.....

Licensed Embalmer No.....

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.**