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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33320

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8275

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 20 days (Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED: 600 17 1 21

(a) State: Mo. (b) County:

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No.: 2717a Thomas (If rural, give location)

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

3. (a) PRINT FULL NAME: Robert King

3. (b) If veteran, name war: —

3. (c) Social Security No.: unk

4. Sex: Male 2

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: widow 2

6. (b) Name of husband or wife: unk

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

7. Birth date of deceased: March 26, 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 14 If less than one day hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Nil.

11. Industry or business:

FATHER 12. Name: George King

13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name: Annie Addington

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Shirley M. Smith

(b) Address: 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: J. H. Randle & Son

(b) Address: 3133 Bell Avenue

19. (a) OCT 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10, 1941 year hour k 1 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug. 19, 1941, 19, to October 10, 19 41 that I last saw him alive on October 10, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Coronary Heart Disease	Unk.
Decompendation	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: J. W. J. Simson (M. D. or other)

Address: 2601 N. Whittier Date signed 10-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 (See below)
St. Louis University School of Medicine, Registered Apprentice No.
working under my personal supervision.

Signed Dr. D. W. Schoenecke
For St. Louis Univ.
Licensed Embalmer No.
P. O. Address Oct. 17 - 41

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.