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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33328**  
Registrar's No. **8283**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Homer G. Phillips Hospital (1)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **29 days**  
(Specify whether  
In this community **36 years**  
- years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **2710 Bernard** (If rural, give location) **922**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Edward King**

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

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **7** years (Day) **7** (Year) **1904**

7. Birth date of deceased (Month) **7** (Day) **7** (Year) **1904**

8. AGE: Years **37** Months **3** Days **7** If less than one day hr. min.

9. Birthplace **West Baden Ind. 1** (City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business

12. Name **Eugene King**

13. Birthplace **Russellville Ky. 1** (City, town, or county) (State or foreign country)

14. Maiden name **Susie Allison**

15. Birthplace **Russellville Ky. 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Susie King** (b) Address **2710 Bernard**

17. (a) **Removal** (b) Date thereof **10-16-41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Russellville Ky.**

18. (a) Signature of funeral director **Benjamin**  
(b) Address **1843 Washington Ave**

19. (a) (Date received local registrar) **10-18-41** (b) **J. F. Boreck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **14**, 1941  
year hour **12** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Sept. 15, 1941**  
to **October 14, 1941**  
that I last saw him alive on **October 14, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchopneumonia** Duration **29 days**

Due to **107**

Due to **107**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **107**

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?

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

23. Signature **L. J. Egan** (M. D. or other)  
Address **2608 Waterloo** Date signed **10-14-41**

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

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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..... *W. Elmer Blackman* .....

Licensed Embalmer No..... *3162* .....

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.**