

FILED NOV 7 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
410 North Newstead
(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 **000**

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **410 North Newstead**
(If rural, give location)

(e) Citizen of foreign country? **No.** **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Sallie Elizabeth King**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30** year **1941** hour **11** minute **15** P. M.

21. I hereby certify that I attended the deceased from **May 13** 19**37** to **October 30** 19**41** that I last saw her alive on **October 30** 19**41** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Bunyan King**

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

7. Birth date of deceased **July 9** **1862**
(Month) (Day) (Year)

Immediate cause of death
Cerebral degeneration

Duration **2 1/2** years

Due to.....

Due to.....

Other conditions **Peckham's edema**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

79 **3** **22** hr. min.

9. Birthplace **Mount Gilead** **No. Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Col. W.D. Barringer**

13. Birthplace **Mt. Gilead** **No. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha A. Wall**

15. Birthplace **Mt. Gilead** **No. Carolina**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant **Mr. Sidney King.**

(b) Address **410 N. Newstead,**

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?.....

17. (a) **Burial** (b) Date thereof **Nov 1 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dallas Texas**

While at work?.....
(Specify type of place)

(e) Means of injury.....

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 delmar Blvd**

19. (a) **OCT 31 1941** (b) **J. J. Prudeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Francis R. Pitene** (M. D. or other)
Address **5233 Waldman Ct.** Date signed **10/31/41**

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

5233
W. L. ...

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis 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.