

FILED FEB 24 1942

Primary Registration District No. 1003

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

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: DePaul Hospital
(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

8. (a) PRINT FULL NAME John A King
8. (b) If veteran, name war World War
3. (c) Social Security No. 329-10-2242

4. Sex Male 5. Color or race White 6. (g) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 5th 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>66</u> | <u>2</u> | <u>2</u> | hr. _____ min. _____ |

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Milk Driver

11. Industry or business Pevely Dairy Co.

MOTHER FATHER {
12. Name Jerry King
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Canty
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Alice King

(b) Address 3000 Kemp Dr Pine Lawn Mo

17. (a) Burial (b) Date thereof 1/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROS

(b) Address 2849 N. Euclid ave

19. (a) JAN 9 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 3000 Kemp dr Pine Lawn Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1942 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 17
1941 to Jan 7 1942
that I last saw him alive on Jan 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder
Primary

Due to _____

Due to _____

Other conditions 526
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 510

Of autopsy _____

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 N. H. Kramolowsky (M. D. or other) MD
Address 984 Arcade Bldg Date signed 1/18/42

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

