

S. No. 2
M-1-4-41
y. 5-17-39
P-I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4562
State File No. _____
1312
Registrar's No. _____

FILED MAR 17 1942 91
Registration District No. _____

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County _____
(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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 16 days
(Specify whether
In this community _____
years, months or days) 26 years

3. (a) PRINT FULL NAME Hattie King
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex ♀ 5. Color of race Bl
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J.I. King
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec 25th 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>13</u>	hr. _____ min.

9. Birthplace unk Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Charlie Williams
13. Birthplace Grandchain Ill
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Coleman
15. Birthplace unk Ky
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Randle
(b) Address 4106 Enright Ave Apt E

17. (a) Burial (b) Date thereof 2/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) FEB 11 1942 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 11 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4106 Enright Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1942 hour _____ minute 9 50 P. M.
21. I hereby certify that I attended the deceased from November 25, 1942 to February 8, 1942
that I last saw er alive on February 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Retroperitoneal Cancer
Duration Unknown

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? _____

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

23. Signature J. W. Johnson (M. D. or other) _____
Address 2601 1/2 Baller Date signed 2/19/42

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..... *S J Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Shantree*

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.