

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2809a N. Spring Ave.  
(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.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2809a N. Spring Ave.  
(If rural, give location)  
(e) Citizen of foreign country?.....(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Thomas Wesley King

3. (b) If veteran, name war..... 3. (c) Social Security No. 493-07-4159

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel King 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased March 29th. 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 20 If less than one day hr. min.

9. Birthplace French Mills, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber  
11. Industry or business Unemployed

MOTHER FATHER { 12. Name Samuel King  
13. Birthplace French Mills, Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Young  
15. Birthplace French Mills, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel King  
(b) Address 2809a N. Spring Ave.

17. (a) Burial (b) Date thereof 5-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Arcadia, Mo.

18. (a) Signature of funeral director Provost Und. Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) W. J. F. Producers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th.  
year 1942 hour 6.18 minute P. M.

21. I hereby certify that I attended the deceased from Feb 22 1942 to May 19 1942  
that I last saw him alive on May 19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death myeloma  
Hypertension, arteriosclerosis  
Due to.....  
Due to.....

Other conditions 181  
(Include pregnancy within 3 months of death)

Major findings: Of operations 181  
Of autopsy.....

Duration 10 days  
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) (Specify type of place)  
23. Signature Wayne D. Gorta (M. D. or other) MD  
Address 2734 N. Grand Date signed 5-20-42

W.O. Gola  
2739 N. Grand  
Thurs  
1-3

721270

214-55-334

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Smith

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.