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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 1791

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22880

Registrar's No. 6678

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4820a Le Duc St.
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alma King

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Elmer King

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. (Month) 31 (Day) 1890 (Year)

8. AGE: Years 53 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Liberty, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Mabe
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant Mary Fern Gilbert
(b) Address 4820a Le Duc St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Stanton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.

19. (a) AUG 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7, year 1942 hour 3:00 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 27, 1942, to August 7, 1942, that I last saw her alive on August 7, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung infarcts	
Due to: Mural thrombi	
Due to: Enlargement of the heart.	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Louis G. Neudorff (Physician or other)

Address 1515 Lafayette Date signed 8/7/42

(Licensed Embalmer's Statement on Reverse Side)

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 William P. Fitzgerald, Registered Apprentice No. 315 working under my personal supervision.

Signed Wilford G. Burnley

Licensed Embalmer No. 4202

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.