

Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis
(c) Name of hospital or institution: Childrens Hospital
(d) Length of stay: In hospital or institution. 1 Month
In this community. Life

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. 000
(c) City or town. St. Louis
(d) Street No. 1620 Hickory
(e) Citizen of foreign country? NO (Yes or No)

3. (a) PRINT FULL NAME. LARRY DEAN KING
3. (b) If veteran, name war. none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 23 year 42 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from 6-23 1942 to 7-23 1942
that I last saw him alive on 7-23 1942 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. none
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. February 20 1942 (Month) (Day) (Year)

Immediate cause of death. Interstitial pneumonia
Concurrent: Chronic fibrosis of pancreas
Malnutrition
Due to. 1/1/1
Other conditions. (Include pregnancy within 3 months of death)

8. AGE: Years 0 Months 5 Days 3 If less than one day hr. min.

9. Birthplace. St. Louis Missouri
10. Usual occupation. none (Infant)
11. Industry or business. none

MOTHER FATHER
12. Name. Edmond King
13. Birthplace. Morganfield Kentucky
14. Maiden name. Ruby Hopkins
15. Birthplace. De Soto Missouri

16. (a) Informant. Edmond King
(b) Address. 1620 Hickory
17. (a) Burial (b) Date thereof July 25 1942
(c) Place: burial or cremation. Lakewood Cemetery

18. (a) Signature of funeral director. A. W. McLaughlin
(b) Address. 2301 Lafayette
19. (a) JUI 25 1942 (b) Registrar's signature. J. B. Prendergast

Major findings: Of operations.
Of autopsy. Multiple military pulmonary abscesses
Interstitial pneumonia
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature. L. L. Barnett (M. D. or other) Address. 500 S Kingshighway Date signed 7-23-42

Duration 6 wks
6 wks
PHYSICIAN Underline the cause to which death should be charged statistically.

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

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 *L. P. Casper*

Licensed Embalmer No. *3653*

P. O. Address. *2317 Lafayette*

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.