V. S. No. 2
0M—5-42
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4408

State File No.

Registration District No. 818 Primary Registration District No. [illegible] Registrar's No. 2130

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:
1617 So. 3rd St. /
(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: 991

(a) State Ill (b) County 11

(c) City or town Mounds 0 NR
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME John King

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife SIRRIALEAR KING

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased AUGUST 1st 1893
(Month) (Day) (Year)

8. AGE: Years 49 ~~50~~ Months 7 Days 1 If less than one day hr. min.

9. Birthplace OZAN (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name ANTHONY KING /
13. Birthplace MONTERGERY (City, town, or county) ALAMABA (State or foreign country)

MOTHER
14. Maiden name KATIE DELONA /
15. Birthplace MONTERGERY (City, town, or county) ALABAMA (State or foreign country)

16. (a) Informant S[illegible]LEAR KING

(b) Address 1617 So 3rd St.

17. (a) B[illegible] (Burial, cremation, or removal) (b) Date thereof [illegible] 3rd 45 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Shipp to Mounds Ill

18. (a) Signature of funeral director A. H. Burks

(b) Address 1619 So. 3rd St

19. (a) MAR 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day March
year 1943 hour 6am minute M.

21. I hereby certify that I attended the deceased from July 28, 1942 to March 2, 1943;
that I last saw him alive on March 1st, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to [illegible]	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 2742 [illegible] Date signed 2/4/43

J. E. Hurt.

(Licensed Embalmer's Statement on Reverse Side)

Embalmer separate certificate to be filed

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, St., St. Louis

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.