

LED MAR 20 1943

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

(c) Name of hospital or institution:
1602 A Semple 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: 000

(a) State Missouri (b) County

(c) City or town St. Louis, Missouri 69
(If outside city or town limits, write "RURAL")

(d) Street No. 1602 A Semple Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles King.

3. (b) If veteran, name war No

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1943 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Jan 3 - 4 2
1943 to Mar 11 - 19 43
that I last saw him alive on Mar 11, 1943
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. Married

6. (b) Name of husband or wife Lorna King. 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 28 1897
(Month) (Day) (Year)

Immediate cause of death Uremic Poisoning

Due to Nephritis chronic

Due to 1 2 1

Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

65	11	12	hr. min.
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9. Birthplace Obion County, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business

12. Name Andy King.

13. Birthplace Tennessee.
(City, town, or county) (State or foreign country)

14. Maiden name Don't know.

15. Birthplace Don't know.
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil King.
(b) Address 1938 Semple Place.

17. (a) Burial (b) Date thereof March 12, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tiptonville, Tenn.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc
(b) Address 5966 Easton Avenue.

19. (a) MAR 12 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 L. E. Cochran (M. D. or other)
Address 1502 N. Union Date signed 4-12-43

Doctor C. E. Cochran.
1502 North Union.
Office Hours.

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 3454

David C. Gibson....., Registered Apprentice No. 34
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5766 Easton St.

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.