

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 15 1948

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 757

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(c) Name of hospital or institution: Immaculate Heart Convent
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 10 M.
(If not in hospital or institution, write street number and location)
In this community 40 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Normandy
(d) Street No. 7626 Natural Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Good King

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Martin King 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 27th., 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 1 hr. min.

9. Birthplace Covington Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Capt. James Good

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

14. Maiden name Elizabeth Reifley
(City, town, or county) (State or foreign country)

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Lewis
(b) Address Flara, Ill. Box 239

17. (a) Burial (b) Date thereof 3-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nonnelly
(b) Address 3840 Lindell Blvd.

19. (a) 3-30-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th.,
year 1943 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from 3-18
1943, to 3-28 1943;
that I last saw her alive on 3-18-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 3 da

Due to arterio sclerosis 20 yrs

Due to Ch Nephritis 20 yrs

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

Major findings: Of operations _____

Of autopsy 131 lb

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) (e) Means of injury IM

23. Signature [Signature] (M. D. or other) _____
Address 340 Bernhardt Ave Date signed 3-28-43

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

FILED
96
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96
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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 Stanley Marshall
Licensed Embalmer No. 3868
P. O. Address 3840 Ludell

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.