V. S. No. 2
00M—2-43
ev 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

23174

State File No. 6272

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

**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:
Missouri Baptist Hospital. 0
(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:**

(a) State Missouri. (b) County St. Louis 96

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

(d) Street No. 9015 Meadow Brook Lane.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Eustace Eugene King.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

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

6. (c) Age of husband or wife if alive 55. years

7. Birth date of deceased July (Month) 15th, (Day) 1883. (Year)

8. AGE: Years 59. Months 11. Days 24. If less than one day hr. min.

9. Birthplace Starksville, (City, town, or county) Mississippi. (State or foreign country)

10. Usual occupation Sup't of Missouri

11. Industry or business Baptist Hospital.

FATHER
12. Name Eustace E. King.
13. Birthplace (Unknown). (City, town, or county) Carolina. (State or foreign country)

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

16. (a) Informant Mrs. Fay King.
(b) Address 9015 Meadow Brook Lane.

17. (a) Shipment. (Burial, cremation, or removal) (b) Date thereof 7/12/43. (Month) (Day) (Year)
(c) Place: burial or cremation McKinney, Texas.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Boulevard.

19. (a) JUL 10 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9th, year 1943 hour 8- minute 15 M.

21. I hereby certify that I attended the deceased from 2-1-43, 19, to 7-9-43, 19; that I last saw him alive on 7-9-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Myocarditis Chr

Due to

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

Of autopsy

Duration

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 R K Andrews (M. D. or other) 7/10/43

Address 4932 Morgan Lane Date signed

(Licensed Embalmer's Statement on Reverse Side)

Date [redacted] unknown.
4932 Maryland
RO-4620
1 to 4 P.M.

**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 Paul Leuimer, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

**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.**