

SEP 11 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
DEPAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME 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 SINGLE

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG. - 31 - 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name RAYMOND KING

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET BARTOS

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond King

(b) Address 4578 Maffitt Ave

17. (a) BURIAL (b) Date thereof 9-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Gullen & Kelly

(b) Address 1416 N. Tupper Ave

19. (a) SEP 2 1943 (b) _____
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 4578 MAFFITT
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 30
1943 to Sept 1, 1943

that I last saw him alive on Sept 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Intra Cranial hemorrhage

Due to Arteriosclerosis of the large arteries

Coronary atherosclerosis

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

Major findings: Of operations _____

Of autopsy 160

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)
_____ Means of injury _____

23. Signature J. St. Predeux (M. D. or other) _____

Address 4578 Maffitt Ave Date signed 9/2/43

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

MOTHER FATHER

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.....

No Embalm....., Registered Apprentice No.....
working under my personal supervision.

Signed Clement McNeary.....

Licensed Embalmer No. 3732.....

P.O. Address 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.