

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether _____)

In this community 8 Months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4947 Laclede Avenue
(If rural, give location)

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

If yea, name country _____ no 0

3. (a) PRINT FULL NAME JEANNE RICHARD KING

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife William King Jr. 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased 7 10 1913
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 27 day 27 year 1943 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 21 1943, to Aug 27 1943; that I last saw her alive on Aug 27 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>18</u>	<u>30</u>	<u>1</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Tuberculosis of the lungs
7 Bron

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 73

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Reginald F. Richard

13. Birthplace Buffalo N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mabel A.

15. Birthplace Buffalo N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William King
(b) Address 4947 Laclede Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 30 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Walden & Sons
(b) Address 6175 Olive Blvd

19. (a) AUG 26 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

Major findings: Of operations _____

Of autopsy Blind Chs Box
7 Bron

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 J. F. Brudeck (M. D. or other) _____
Address 14509 Olive Date signed 8/27/43

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

MOTHER FATHER

Mr. Frank C. Gorham
4500 Olive St. To 3800
15 to 12

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..... *Thomas R. Jewrik*

Licensed Embalmer No. *3793*

P. O. Address *St Louis Mo*

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.