

S. No. 2
DM-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29332

State File No. _____

LED SEP 4 1943

Registration District No. 517

Primary Registration District No. 3063

Registrar's No. 1978

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 Glen Ridge
(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 _____
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Glen Drive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary King

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

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

6. (b) Name of husband or wife Joseph D. King 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 8 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Michael Kiernen
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bradley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph N. King
(b) Address 701 Glen Drive

17. (a) Burial (b) Date thereof Sept 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 1 - 1943 (b) E. J. Mc Gavran
(Date received local Registrar) (Registrar's signature) F.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day August
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28 to Aug 29, 1943;
that I last saw her alive on Aug 29, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
Due to Myocardial Infarction
Due to Myocardial Disease

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 93d

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? _____

While at work? _____ (Specify type of place) (r) Means of injury _____
23. Signature Charles King (M. D. or other) _____
Address Thurmond Blvd Date signed 8-29-43

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

Dr. O.P.H. Felt

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..... *Frank J. Brown*

Licensed Embalmer No..... *2245*

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.