

FILED DEC 11 1943  
Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 185

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
448 on Kingshighway  
(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. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 448 on Kingshighway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Jackson King

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31  
year 1943 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 20, 1943 to Oct 31, 1943  
that I last saw him alive on Oct 31, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_

Due to Enlarged prostate

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature T. J. Hardin (M. D. or other) \_\_\_\_\_  
Address St. Charles Mo Date signed 11-1-43

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife E. Stonebraker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 22 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Postage Des Sioux Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John King  
13. Birthplace Postage Des Sioux Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Loise Lovell  
15. Birthplace Postage Des Sioux Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Sandfort  
(b) Address 448 on Kingshighway, St. Charles  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2-1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cem. St. Charles

18. (a) Signature of funeral director H. C. Dillmeyer & Sons  
(b) Address 201 on Second, St. Charles, Mo  
19. (a) 11/1/1943 (Date received local registrar) (b) Emmet C. Paul (Registrar's signature)

1340

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

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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 *John E. Dallmeyer 2957*

Licensed Embalmer No. *2957*

P. O. Address *St Charles 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.**