

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

548

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1057**

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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 days**  
(Specify whether  
 In this community **30 years**  
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. **4305 North Market**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Joseph King**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **January** day **30**  
 year **1944** hour **5** minute **10** A. M.

4. Sex **Male** 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Cassie King**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **November 13 1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 24, 1944** to **January 30, 1944**  
 that I last saw him alive on **January 30, 1944**  
 and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **2** Days **18**  
 If less than one day h. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Hypertensive Heart Disease**  
 Duration **Unk**

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

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

10. Usual occupation **Nil**

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

11. Industry or business \_\_\_\_\_  
 12. Name **William King**  
 13. Birthplace **Unk Tennessee**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mariah Holmes**  
 15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **AERON KING**  
 (b) Address **4305 NORTH MARKET**  
 (c) Place: burial or cremation **Burial Washington Park Cemetery**  
 (d) Date thereof **2-1-44**  
(Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director **Boyd Bras**  
 (b) Address **3704 Finney**  
 19. (a) **FEB 2 1944** (b) **J. F. Brudick**  
(Date of local registration) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 23. Signature **S. E. Smith** (M. D. or other) \_\_\_\_\_  
 Address **2601 N Whittier St** Date signed **1-31-44**

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

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.....

*William C. McDowell*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.