

FILED JUL 8 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5922**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3842 West Pine Blvd.
(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 St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3842 West Pine
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred King

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

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

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

7. Birth date of deceased November 27, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 3 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob King Don't Know

13. Birthplace Wagner
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iola Franklin

(b) Address 3842 West Pine Blvd.

17. (a) Burial (b) Date thereof July 3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JUL 2 1944 (b) J. F. Poudsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
 year 1944 hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 19 44 to June 30 19 44
 that I last saw him alive on June 29 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration ± 5 y.

Due to Hypertension ± 5 y.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Arthur E. Strand (M. D. certifier)

Address 539 N. Grand Date signed 7/1/44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

Samuel A. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.