

FILED JUN 20 1944  
Registration District No. 107

Primary Registration District No. 5594

Registrar's No. 16-15

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL MERAMEC TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
OWN HOME NEAR HIGH RIDGE - MO  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON  
(c) City or town RURAL 50  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR HIGH RIDGE - MO  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME LOUIS DAVID KING

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HEDWIG (LESSNIT) KING 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased 13 SEPTEMBER 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HOUSE SPRINGS JEFF. Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM  
12. Name GEORGE R. KING  
13. Birthplace MAXVILLE MO  
(City, town, or county) (State or foreign country)  
14. Maiden name ANNIE SVEHLA  
15. Birthplace BOHEMIA MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hedwig King  
(b) Address House Springs, Mo

17. (a) BURIAL (b) Date there May 31 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ROCK CREEK - MO

18. (a) Signature of funeral director John H. Brummer  
(b) Address House Springs, Mo

19. 28 May 1944 (b) J. A. Townsend  
(Date received locally registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28  
year 1944 hour 3 minute AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder and prostate  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 51 k  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 3  
23. Signature Donnell B. Stetula  
Address Wabato Mo. Date signed 5/28/44

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

5000

Retief - Williams

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-19-44

**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 H. Brunner

Licensed Embalmer No. 1470

P. O. Address House Springs

**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.