V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 31760

Registrar's No. 1983

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Jefferson Barracks, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2213 Randolph.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KING, Harrison

3. (b) If veteran, name war WW I

3. (c) Social Security No. 499-03-9237

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lillie King

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased February (Month) 15 (Day) 1893 (Year)

8. AGE: Years 51 | Months 7 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Brookville, Miss. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Steel Worker

FATHER
12. Name Green King
13. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Goodgain
15. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

16. (a) Informant Clinical Clerk DAF
(b) Address Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Tennessee

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) SEP 29 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23
year 1944 hour 3:40 minute P.M.

21. I hereby certify that I attended the deceased from September 19, 1944, to September 23, 1944; that I last saw him alive on September 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE, MYOCARDIAL INSUFFICIENCY,
Due to (heart failure), DURATION UNKNOWN. ARTERIOSCLEROSIS, PERIPHERAL,
Due to DURATION UNKNOWN.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

Duration

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

93d

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. A. GERMAN (M. D. or other)
Address Chief Medical Officer Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.