

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED JAN 15 1945

Primary Registration District No. **1003**

Registrar's No. **10923**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(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 14 days  
In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4574 Newberry Terrace  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Easter King

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18, year 1944 hour 9 minute 35 P.

21. I hereby certify that I attended the deceased from December 4, 1944 to December 18, 1944  
that I last saw her alive on December 18, 1944  
and that death occurred on the date and hour stated above.

4. Sex F 3 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Easter King 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: 5 (Month) 12 (Day) 1903 (Year)

Immediate cause of death: Bronchopneumonia (autopsy) Terminal

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

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

8. AGE: Years 41 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Other conditions Carcinoma of Lymph-node Two Mos.  
(Include pregnancy within 3 months of death)

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name Mary Smith

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

14. Maiden name Martha Williams

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Williams

(b) Address 4574 Newberry Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 13 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale Cemetery

18. (a) Signature of funeral director J. J. Burdick

(b) Address 1600 1/2 3rd St

19. (a) DEC 22 1944 (Date received local registrar) J. J. Burdick (Registrar's signature)

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 W. H. Brewer (M. D. or other) 12/24/44  
Address 261 W. Hillman Date signed \_\_\_\_\_

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *James A. Johnson*

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

**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.**