

FILED FEB 16 1945
Registration District No. 239

Primary Registration District No. 3048

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hosp
(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 Mo (b) County Madison

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

(d) Street No. 5081 Raymond Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ISLA DESSIE KING

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

4. Sex F! 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Bona Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Oleando Wahlenberger

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

14. Maiden name Emma Wahlenberger

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

16. (a) Informant Oppie I. King

(b) Address 5081 - Raymond Ave. St. Louis

17. (a) Removal (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Boyer Cemetery

18. (a) Signature of funeral director Fleming

(b) Address 1946 Colham St. St. Louis

19. (a) 1-10-45 (b) Alley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10
year 1945 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1-5-1945, 1945, to 1-10, 1945; that I last saw he alive on 1-9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis large with right sided
Due to jaundice

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: M. M. Wallis (M. D. or other) _____
Address: Marionville Mo Date signed 1-10-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JUL 29 1957

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.....

By me..... Registered Apprentice No. _____
working under my personal supervision.

Signed: *R. L. Yapple*.....

Licensed Embalmer No. *1448*.....

P. O. Address *1946 Calham*.....

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.

St. Joseph Mo.