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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 6 1945

State File No. 29141

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8314

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 20

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3933 N. 23rd St. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles E. King

3. (b) If veteran, name war None

3. (c) Social Security 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 May 25, 1904 (Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Staunton (City, town, or county) Ills. (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name John King
13. Birthplace Unknown (City, town, or county) Ills. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ills. (State or foreign country)

16. (a) Informant Mrs Louise A. Husman
(b) Address 3933 North 23rd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23, year 1945 hour 5:~~00 A.M.~~ minute 10 A. M.

21. I hereby certify that I attended the deceased from 7, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive 1st 2nd Degree burns of body suffered when deceased fell asleep while smoking a cigarette on the Cash and ignited same in his home

Due to 3933 No 23rd St on Sept 22nd 1945 at about 6:00 A.M.

Duration

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

Major findings:
Of operations 181
Of autopsy 19

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) Accident

(b) Date of occurrence Sept 22, 1945 000

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Co above

23. Signature Patrick E. Taylor (M.D. or other)

Address Dep. Ex. Date signed 9/25/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.