

Registration District No. _____ Primary Registration District No. 1003

FILED 11318 1946

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 10 DAYS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME BESSIE ANN KING

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

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased Oct. 30 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	4	1	hr. _____ min. _____
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9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Reece Smith 9

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

14. Maiden name Rosina Blackie

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

16. (a) Informant George F. King

(b) Address 4539 Clarence Ave.

17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 2 1946 (b) J. T. Brodeur
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 9000

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

(d) Street No. 4539 Clarence Ave. 9
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 1946 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 2-19-46
to 3-1-46, 1946, to 3-1-46, 1946,
that I last saw h. EP alive on 3-1-46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death MYELOCYTIC LEUKEMIA
AND TERMINAL BRONCHO PNEUMONIA

Due to MYELOCYTIC LEUKEMIA

Due to _____

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

Major findings:
Of operations _____

Of autopsy BRONCHO PNEUMONIA, LEUKEMIA & LIVER INFILTRATION

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 _____

(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) _____ (e) Means of injury _____

While at work? _____

23. Signature J.R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 3/1/46

10232 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.....

Albert R. Thompson Jr

Licensed Embalmer No. *42137*

P. O. Address. *St. Louis*

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.