

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 2 1948
310

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2825**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3233 Copelin
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 48 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oso
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3233 Copelin
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME ALBE W. KING

3. (b) If veteran, name war World War 1 3. (c) Social Security No. _____

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 18 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 22nd 1946 to April 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cerebrovroma of Tongue

Due to Chronic Pyelonephritis

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

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

11. Industry or business Post-Disp. Sund. Mag. Ed.

MOTHER { 12. Name Henry L. King
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Whiting
 15. Birthplace Gearey County, Kansas
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Harry L. King
 (b) Address 3233 Copelin

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/28 1946
(Month) (Day) (Year)
 (c) Place: burial or cremation LaHarpe, Ills.

18. (a) Signature of funeral director Alexander Sins
 (b) Address 6175 Delmar

19. (a) APR 26 1946 (Date received local registrar) (b) J. T. Rudeck (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 John H. Reinsberg (Date signed) APR 26 1946
 Address 3233 Copelin

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

OCT 16 1945

JAN 2 1952

OCT 25 1945

OCT 25 1946

JUN 12 1947

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 *Thomas R. Lemwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Helman*

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.