

S. No. 2  
DM-2-43  
v. 5-17-39  
I X35697

17879

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1202

Registration District No. 317 Primary Registration District No. 3062

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Forestwood  
(c) Name of hospital or institution 8905 White Ave  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. L  
(c) City or town Brentwood  
(d) Street No. 8905 White Ave  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HESTER ANN 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 W 71  
6. (b) Name of husband or wife Amos C. King 6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased Jan 7 1874

8. AGE: Years 72 Months 4 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Catawissa Mo.

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_  
12. Name Brison Renshaw  
13. Birthplace \_\_\_\_\_  
14. Maiden name Mary Jane Martin  
15. Birthplace W. Va.

16. (a) Informant Miss Gertrude King  
(b) Address 8905 White - Brentwood  
17. (a) Burial (b) Date thereof 6-3-46  
(c) Place: burial or cremation Oak Hill Cem  
18. (a) Signature of funeral director Loius J Popp, Inc  
(b) Address Kirkwood Mo  
19. (a) 6-3-46 (b) J. D. McParsons

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31 year 1946 hour 2 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Feb 1945 to 5-20-1946  
that I last saw her alive on May 20th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension  
Due to General Arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
(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 Joseph Michael M.D. (M. D. or other) \_\_\_\_\_  
Address 7363 Manchester Ave Date signed 6/1-46

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

10858

7363<sup>a</sup>  
Manchester

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**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..... *Felix Hurand* .....

Licensed Embalmer No..... *3034* .....

P. O. Address..... *Kirkwood m* .....

**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.