

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH
1003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4131

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:
3922 a Maffitt avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3922 a Maffitt ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest King
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary King
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November 17 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business leather worker

MOTHER FATHER

12. Name William A. King

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

14. Maiden name Anna E. Childs

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

16. (a) Informant Mrs. Mary King

(b) Address 3922 a Maffitt

17. (a) burial (b) Date thereof May 8 1888
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director A. Ron R. U. Co.
(b) Address 2707 N. Grand Bl'vd

19. (a) MAY 7 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from Jan 1945 to May 5 1946
that I last saw him alive on May 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Duration 6 MO

Due to myocardial degeneration

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. H. Zeller (M. D. or other) M.D.
Address 2807 N. Grand Date signed 5-6-46

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

6 CE c

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *4193*.....

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.