

FILED JUL 26 1946
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:
(a) County...
(b) City or town... St. Louis MO
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution 1 day
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri
(b) County...
(c) City or town... Springfield, Mo
(d) Street No... 2608 West Walnut
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Emmett King
3. (b) If veteran, name war...
3. (c) Social Security No. Unknown

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 30, 1874

8. AGE: Years 71, Months 10, Days 12
If less than one day hr. min.

9. Birthplace Franklin County, Missouri

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Edward King

13. Birthplace Missouri

14. Maiden name Elizabeth Hasey

15. Birthplace Unknown

16. (a) Informant Mrs. Daisy Senior

(b) Address 2608 West Walnut, Springfield, Mo

17. (a) CREMATION (b) Date thereof 7-19-1946

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director SCHRADER FUNERAL HOME

(b) Address BALLWIN, Mo.
19. (a) JUL 15 1946 J. F. Brebeck

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12 year 1946 hour 2 minute 05 A.M.
21. I hereby certify that I attended the deceased from July 11, 1946, to July 12, 1946, that I last saw him alive on July 12, 1946, and that death occurred on the date and hour stated above.
Immediate cause of death Pericardial effusion

Due to Carcinoma of right lung with metastasis

Due to

Other conditions

Major findings: Of operations
Of autopsy As above

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?

(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 F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 7-12-46

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

MOTHER FATHER

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.....

Alex Campbell

Licensed Embalmer No..... *3881*

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.