S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27537

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Desoto (Vall)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7th & Fletcher Sts. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
(c) City or town Desoto Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 7th & Fletcher 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY MILDRED KING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Jerome King

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June (Month) 14 (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	2	13	hr. min.

9. Birthplace St Genevieve Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Chas Wineberger
13. Birthplace St Genevieve Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary George
15. Birthplace St Genevieve Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phil. Meinhardt
(b) Address Desoto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery St Louis Co. Mo

18. (a) Signature of funeral director Donnell B. Dietrich
(b) Address Desoto Mo.

19. (a) 8/29/46 (Date received local registrar) (b) Marie Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug. day 27
year 1946 hour 6 minute 10 P M.

21. I hereby certify that I attended the deceased from aug 27, 1946, to aug 27, 1946, that I last saw her alive on aug 27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis & fibrillation	?
Due to Nephrosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(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)
While at work? no (e) Means of injury 0

23. Signature Karl V. McKinstry (M. D. or other) M.D.
Address Desoto, Mo. Date signed 28 Aug

146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-8
Date Filed 9-3-46

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Desoto 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.