No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3547

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 236

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Dec. 11, 1946 (Specify whether years, months or days)
In this community 73 years

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. 2100 Chestnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KING, Charles

3. (b) If veteran, name war World I

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race Negro

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 April 11, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	20	hr. min.

9. Birthplace Alco, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name Thomas King
13. Birthplace Georgia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Bankes
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Potter's Field 2-4-47

18. (a) Signature of funeral director Sneed Funeral Chapel
(b) Address 3615 Easton, St. Louis, Missouri

19. (a) 2-3-47 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1947 hour 10:16 minute P M.

21. I hereby certify that I attended the deceased from December 11, 1946 to January 31, 1947 that I last saw him alive on January 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF STOMACH, METASTATIC	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) CARCINOMA OF TONSIL	

Major findings: Of operations Biopsy, Neckglands 12-18-46
Of autopsy No 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) 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? (e) Means of injury

23. Signature L. E. Stilwell (M. D. ~~or other~~)
Address L. E. STILWELL, M.D. Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 2-1-47

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.