

FILED JUN 13 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:
3410 Park Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **5 years**
years, months or days)

3. (a) PRINT FULL NAME **BESSIE MENA KING**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Noah** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 27, 1891**
(Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **1** If less than one day hr. min.

9. Birthplace **Sprott, Missouri** (City, town, or county) (State or foreign country) **D.**

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Marion Rickard**

13. Birthplace **unknown** (State or foreign country) **9**

14. Maiden name **Martha Gracion** (State or foreign country)

15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Ivan King**

(b) Address **3410 Park Ave**

17. (a) **burial** (b) Date thereof **5-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview Cemetery Farmington, Missouri**

18. (a) Signature of funeral director **A.W. McLaughlin**

(b) Address **2301 Lafayette Avenue**

19. (a) **J.F. Brateck** (b) **J.F. Brateck**
(Date received local Registrar) (Registrar's signature)

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. **3410 Park Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28th** year **1947** hour **3:40** minute **13** M.

21. I hereby certify that I attended the deceased from **Sept 13 47** to **May 28 47**

that I last saw her alive on **May 26, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of left breast metastases to right breast, chest and back** Duration **Sept 1945**

Due to.....

Due to..... **50**

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

Major findings: Of operations **Removal of left breast at Mayo's Clinic. cancer.** 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) (c) Means of injury **0**

23. Signature **Perry E. Ellison** (M. D. or other) **MD**
Address **3610 So Broadway** Date signed **5-29-47**
St. Louis

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

MOTHER FATHER

5878

Dr. LeRoy Ellison
3610 So. Braodway

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..... *R W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *3010 Fayette*

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.