

S. No. 2
M-5-43
7-5-17-39
X36671

FILED JUN 14 1947
518

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5581

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 24 days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. 475 Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT EUGENE KING.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MAY 10 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	24	hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Robert Louis King

13. Birthplace Sullivan Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Betty Jean McDaniel

15. Birthplace Sullivan Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Louis King

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof June 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. O. O. F.

18. (a) Signature of funeral director Thayer Funeral Home

(b) Address Sullivan, Mo.

19. (a) JUN 5 1947 (b) Adredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1947 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 2
1947, 19____ to June 3, 1947
that I last saw him alive on June 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Premature birth
Due to _____
Due to _____

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

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?

(Specify name of place) _____
While at work? _____ (e) Means of injury _____
23. Signature John P. ... (M. D. or other) _____
Address 3720 Washington Date signed 6/5/47

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

9

AUG 25 1947

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 Robert M. Murray
Licensed Embalmer No. 3749
P. O. Address Sullivan, 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.