

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 7 1947

1003

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **3218**

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location) 35 miles
(d) Length of stay: In hospital or institution 3 days 11 hrs.
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-10
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3114 Lucas
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sherman King

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased 6 2 47
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day 11 hr. 35 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Dan King
13. Birthplace Vicksburg Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Emma Jones
15. Birthplace Vicksburg Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Luther M. Sherard, R.R. 2

(b) Address 2601 N. Whittier

17. (a) Anatomical Boas (Date thereof) 6-12-47
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Rutzger

(b) Address 3500 Rutzger

19. (a) JUL 30 1947 (b) J. J. Breder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6
year 1947 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10:35 A.M.
6-2- 1947, to 10:10 P.M. 1947;
that I last saw him alive on 6-6- 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Terminal Duration _____

Due to _____

Due to _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(e) Means of injury _____

Signature W. R. Rutzger (M. D. or other) _____
Address 2601 N. Whittier Date signed 6-10-47

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.**