S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6583

FILED FEB 28 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1642

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: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: St. Louis 96
(c) City or town: Ferguson 6 (If outside city or town limits, write "RURAL")
(d) Street No.: 202 N. Dade Ave. 2 (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: George King
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: 500-10-8354
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: January (Month) 24 (Day) 1880 (Year)

8. AGE: Years 68 | Months 0 | Days 24 | If less than one day hr. 0 min.
9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Chef
11. Industry or business: Resteurant
FATHER
12. Name: Charles King
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Louise Crosby
15. Birthplace: Boston, (City, town, or county) Mass. (State or foreign country)
16. (a) Informant: Harry W. Chrismer
(b) Address: Ferguson, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: White Funeral Home
(b) Address: Ferguson, Missouri.
19. (a) 2-17-48 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17 year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural hemorrhage of Brain 2 hemothorax following injury received while driving Mr. Helen Lowry stepped the starter of a Cadillac which got in gear causing it to go out of control and run over the deceased. Contusion of the head and chest

Duration

Due to (or as a consequence of)

Contributing causes (include accidents within 3 months of death): Killed on the side walk

Major findings of operation: Pt. of #9 No. Dade street Arrived 11:2 P.M. Feb. 16

Underline the cause which death should be charged statistically.

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Feb 16/1948
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury: Car above
23. Signed: James E. Smith (M. D. or other)
Address: Date signed 2/18/48

Jefferson City Printing Co.

(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 L. M. White

Licensed Embalmer No. 3943

P. O. Address Ferguson, 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.