3. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6585

Registrar's No. 1659

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

1. PLACE OF DEATH:

(a) County St Louis. Mo.

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

(c) Name of hospital or institution: Home. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 2 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 000

(c) City or town St Louis. Mo. 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2075 22 St. 9 (If rural, give location) 0

(e) Citizen of foreign country? 22 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LESTER KING

3. (b) If veteran, name war WAR NO. 1

3. (c) Social Security No. 495-32-8270

4. Sex male

5. Color or race negro

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Lucy King

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased unu (Month) (Day) (Year)

8. AGE: Years 56 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Paulette Miss. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Labor.

11. Industry or business

FATHER
12. Name Net King. 4
13. Birthplace unu. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELLIE GANDIE. 4
15. Birthplace unu. 4 (City, town, or county) (State or foreign country)

16. (a) Informant Lucy King.

(b) Address 2075 22 St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ship Macon. Miss.

18. (a) Signature of funeral director Davis & Broom.

(b) Address 1405 Biddle St.

19. (a) FEB 18 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 13th year 1948 hour 6 minute 02 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.

	Duration
Immediate cause of death Ruptured Left Ventricle	
Due to No Trauma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 type of place)

While at work? (e) Means of injury 3

23. Signature [signature] (MD, or other)

Address Dy Ex Date signed 2/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1948

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 Chas. L. Harwell

Licensed Embalmer No. 2452

P. O. Address 1834 Gamble

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.