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. 6586

FILED MAR 4 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1743

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Hours
In this community 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4235 West Bell Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis N. King
3. (b) If veteran, name war War I
3. (c) Social Security No. 490-26-9661
4. Sex Male
5. Color or race Negro
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 Oct. (Month) 31 (Day) 1896 (Year)

8. AGE: Years 51 | Months 3 | Days 18 | If less than one day hr. min.
9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mover
11. Industry or business Moving Business

MOTHER FATHER
12. Name John King
13. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)
14. Maiden name Alice Patterson
15. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elam King
(b) Address 1716 Carr Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director
(b) Address 3615-17 Easton Avenue
19. (a) (Date received local registrar) (b) (Registrar's signature)
FEB 20 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 18 Year 1948 hour 10; minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb 18 1948 to Feb 18 1948 that I last saw him alive on Feb 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia
Due to
La Grippe
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? (Specify yes or no)
23. Signature (M. D. or other)
Address 1005 N. Jefferson Date signed Feb 20 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 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 Geoffrey E. Cooper, Registered Apprentice No. 605, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 444

P. O. Address 2829 Washington

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.