

S. No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14300
State File No. 3484
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rufus 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 married
6. (b) Name of husband or wife Martha King
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 15 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace ala (City, town, or county) (State or foreign country)

10. Usual occupation Babur

11. Industry or business _____

MOTHER FATHER
12. Name Artha King
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Beth Coleman
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Artha King

(b) Address 1617 1/2 2nd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 12 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Andrew J. Burke

(b) Address 212 Carroll St

19. (a) APR 12 1948 (Date received local registrar) J. F. Bracey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1617 S Third St.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 8 minute 10 a.m.

21. I hereby certify that I attended the deceased from April 4, 1948, to April 8, 1948
that I last saw him alive on April 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease with congestive failure
Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes
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? _____

While at work? _____ (Specify type of place) (e) Means of injury !

3. Signature Walter L Daniels (M. D. or other) _____

Address 2601 N Whittier Date signed 4/9/48

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.