

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

24438

FILED AUG 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6872

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... SAINT LOUIS, MISSOURI  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution..... 2733 N. SPRING AVENUE 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... WALTER J. KING

3. (b) If veteran,

3. (c) Social Security No.

name war.....

4. Sex..... MALE 0 5. Color or race..... WHITE 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..... MAY 6th, 1903  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 45 2 28 hr. min.

9. Birthplace..... SAINT LOUIS, MISSOURI (1)  
 (City, town, or county) (State or foreign country)

10. Usual occupation..... GAS FITTER

11. Industry or business..... LACLEDE GAS LIGHT COMPANY

12. Name..... MATTHEW KING

13. Birthplace..... SAINT LOUIS, MISSOURI 0  
 (City, town, or county) (State or foreign country)

14. Maiden name..... NELLIE GLENN

15. Birthplace..... PACIFIC, MISSOURI 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... MRS. NELLIE GLENN

(b) Address..... 2733 N. SPRING AVENUE

17. (a) BURIAL (b) Date thereof..... 8/6/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... CALVARY CEMETERY

18. (a) Signature of funeral director..... CALVIN F. FEUTZ

(b) Address..... 4828 NATURAL BRIDGE BOULEVARD

19. (a) AUG 5 - 1948  
 (Date received local registrar)

(b) J. F. Bredeck  
 (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 000  
 (c) City or town..... SAINT LOUIS 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2733 N. SPRING AVENUE 9  
 (If rural, give location) 0  
 (e) Citizen of foreign country?..... NO (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4th  
 year 1948 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from January 14, 1948, to August 4, 1948, that I last saw him alive on August 4, 1948, and that death occurred on the date and hour stated above.  
 Duration

Immediate cause of death..... Simple Chlorhydria  
 pneumonia

Due to.....  
 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?..... Means of injury.....  
 23. Signature..... J. F. Bredeck (M. D. or other) M.D.  
 Address..... 1446 So Grand Date signed..... 8/14/48

GRAND 7362,  
HOURS 4 to 8 P. M.

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### 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.....

*John A. McInnis*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.