No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34369

Registrar's No. 8630

1. PLACE OF DEATH:

(a) County None

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

(c) Name of hospital or institution: Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (Specify whether
In this community Two (2) years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4034 West Belle Place
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME KING, Anna

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward

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

7. Birth date of deceased October (Month) 14th, (Day) 1862 (Year)

8. AGE: Years 85 | Months 11 | Days 18 | If less than one day ____ hr. ____ min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Stubbs
13. Birthplace Unavailable (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Sylvia Unavailable
15. Birthplace Unavailable (City, town, or county) Unavailable (State or foreign country)

16. (a) Informant Ben H. King
(b) Address 4034 West Belle Place

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Camden, Arkansas

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) OCT 4 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd, year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 25, 1948, to October 2nd, 1948; that I last saw her alive on October 2nd, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility, Cardiac failure	
Due to: Senility, Avitaminosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James M. Whittier M.D. (M. D. or other)

Address 4050 Delmar Whittier Date signed 10/3/48

(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

John K. Cunningham, Registered Apprentice No.

working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Ave., St. L

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.