

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

National Office of Vital Statistics
FILED DEC 1 1948

Registration District No. 17

Primary Registration District No. 3069

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 25582

(a) State Missouri (b) County _____

(c) City or town R French Mills
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel M. King

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary A.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 12 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace French Mills Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name James King

13. Birthplace French Mills Missouri
(City, town, or county) (State or foreign country)

14. Maiden name D. R. Williams

15. Birthplace French Mills Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John King

(b) Address 7614a Folk Ave.

17. (a) Burial (b) Date thereof 11/5/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

Liberty Cemetery Iron County, Mo.
(c) Place, burial or cremation

18. (a) Signature of funeral director PROVOST UND. CO.

(b) Address 3710 N. Grand Blvd.

19. (a) 11-2-48 (b) Carl A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1948 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 mo

Gen. Arterio-Sclerosis

Due to 838

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ralph Russell (M. D. or other) _____

Address 3720 Washington Date signed 11/4/48

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

76
83

Dr. Kinnell
Reverend
2:30

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 Albert Mayfield

Licensed Embalmer No. 3077

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.