

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42000

State File No. _____

FILED DEC 31 1948

Registration District No. 177

Primary Registration District No. 3068

Registrar's No. 2782

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
7808 Weaver Ave.
(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:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7808 Weaver Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur George King

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mable King 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 1 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Tobacco Factory Worker

11. Industry or business _____

MOTHER FATHER

12. Name James King

13. Birthplace Ireland
(State or foreign country)

14. Maiden name Katherine Watts
(State or foreign country)

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mable King

(b) Address 7808 Weaver Ave.

17. (a) Burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 11-30-48 (b) Thurmond Humphreys
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 28 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 20 1948 to Nov 28 1948 that I last saw him alive on Nov 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Starvation Duration _____

Due to I was unable to find cause for same as I had insufficient tissue and co-operation.

Other conditions Bronchial pneumonia
(Include pregnancy within 3 months of death)

Major findings: 107
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) (b) Means of injury 0

Signature Clifford E. Vandewer (M. D. or other)

Address 705 Old Dale Ave Date signed Nov 30 '48

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

