

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6358

State File No. 1859

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1859	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <i>St. Louis</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis MO</i>		a. STATE <i>St. Louis MO</i>		b. COUNTY <i>St. Louis MO</i>	
c. LENGTH OF STAY (in this place) <i>1</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis MO</i>		d. STREET ADDRESS (If rural, give location) <i>11-No. 6th St.</i>		TOWN <i>MO</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX		6. COLOR OF RACE	
a. (First) <i>John</i>		(Month) (Day) (Year) <i>Jan 9 1949</i>		b. (Middle) <i>Tetric</i>		c. (Last) <i>King</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Oct. 18 1878</i>		9. AGE (in years if under 1 year; in months and days if under 1 year; in years, months, and days if under 21 years)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>W.K.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>W.K.</i>		11. BIRTHPLACE (State or foreign country) <i>W.K.</i>		12. CITIZEN OF WHAT COUNTRY? <i>W.K.</i>	
13a. FATHER'S NAME <i>W.K.</i>		13b. MOTHER'S MAIDEN NAME <i>W.K.</i>		14. NAME OF HUSBAND OR WIFE <i>W.K.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>W.K.</i>		16. SOCIAL SECURITY NO. <i>W.K.</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Samuel G. Clark</i>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ruptured Aneurysm</i>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>96</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:45 am</i> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Walter Perry Deputy Coroner</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1/31/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>FEB 28 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>FEB 28 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lester</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>			

(Licensed Embalmer's Statement on Reverse Side)

4104 Manchester Ave.

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

300
48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Ralph W. Thomsen

Signed _____
Student Embalmer

Licensed Embalmer No. *3796*

P. O. Address *St Louis 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.