

FILED OCT 6 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 32525

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4467		Registrar's No. 381	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VALLEY PARK</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES 19</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOLL NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>446 E Big Bend Blvd 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET I</u>		b. (Middle) <u>KING</u>		c. (Last) <u>ENGLISH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 24 '49</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAR 5 1876</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE: (State or foreign country) <u>COTTONWOOD MO U</u>	
11. BIRTHPLACE: (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM KING</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN BEOWELL</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>NELSON ENGLISH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald English 916 Ebig Bend Rd. N. E. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio-</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>vascular-renal disease Ch</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>July 15, 1949</u> , to <u>Sept 24, 1949</u> , that I last saw the deceased alive on <u>Sept 24, 1949</u> , and that death occurred at <u>11:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Deabough M.D.</u>				23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>9-24-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-26 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD 22 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-26-49</u>		REGISTRAR'S SIGNATURE <u>Richard L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME Webster Groves</u>			

(Licensed Embalmer's Statement on Reverse Side)

MITTELBERG FUNERAL HOME Mo

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

ME-77

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 _____

Albert G. Hoffer

Signed _____

Student Embalmer

Licensed Embalmer No. 2971

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.