

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35308
35308

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8816

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE No. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3733 Humphrey Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin DesLoge							
3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) Frances c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) Oct. II 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 28	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Fred Sinks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John J. King			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J. King 3733 Humphrey			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pericarditis Terminal</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon?</u> <u>Peritonitis</u> DUE TO (c) <u>Pelvic abscess</u> <u>6 wks.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diverticulitis of colon?</u>			
19a. DATE OF OPERATION 9/3/49 9/17/49		19b. MAJOR FINDINGS OF OPERATION 9/3 Incision + drainage of abscess 9/15/49 Colostomy 9/24 " " " "		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (Specify) ACIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis		21d. HOW DID INJURY OCCUR 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>8/24</u> , 19 <u>49</u> , to <u>10/11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/11</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Francis J. Burns, M.D.				23b. ADDRESS 4660 Maryland Ave.		23c. DATE SIGNED 10/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/14/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. OCT 13 1949		REGISTRAR'S SIGNATURE J. B. Sasser		FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart		ADDRESS 1225 Union	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Clement McNeuf.....

Licensed Embalmer No. 3792.....

P. O. Address St. Louis.....

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.