No. 300
20.48

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

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35798

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 4072

1. PLACE OF DEATH

a. COUNTY: St.Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights

c. LENGTH OF STAY (In this place): 1 WK.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: St.Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood

d. STREET ADDRESS (If rural, give location): St.Agnes Home,10341 Manchester Road

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) I. c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year): Oct.4,1949

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S.

8. DATE OF BIRTH: Unknown 1887

9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Goverment Auditor

11. BIRTHPLACE (State or foreign country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James King

13b. MOTHER'S MAIDEN NAME: Bridgetta McGeave

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World # 1

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Mary M.King,10341 Manchester Road.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 331X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease — 2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 14, 1949, *to* Oct. 4, 1949, *that I last saw the deceased alive on* Oct. 4, 1949, *and that death occurred at* 10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Vollmer (Degree or title) M.D.

23b. ADDRESS: 53 W. Big Bend

23c. DATE SIGNED: 10/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-6-49

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St.Louis.Mo.

DATE REC'D BY LOCAL REG.: 10-5-49

REGISTRAR'S SIGNATURE: Herbert R. Stonke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur A. Donnelly, 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1949

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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