

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10290  
2336

FILED MAR 22 1951

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived: If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4372 S. Vandell Blvd</u>				d. STREET ADDRESS (If rural, give location) <u>3416 Williams Pl</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>		b. (Middle) <u>E.</u>		c. (Last) <u>King</u>	
4. DATE OF DEATH		Month <u>March</u>		Day <u>12</u>		Year <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>October 15 1881</u>		9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR Months <u>4</u>	# UNDER 1 YEAR Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John King</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah G. Lukenhill</u>		14. NAME OF HUSBAND OR WIFE <u>Late Lillian F. King</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel A. Merten</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 Min</u>  <u>50 yrs -</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H22.2</u>			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>42</u> to <u>March 12, 1951</u> , that I last saw the deceased alive on <u>March 10, 1951</u> , and that death occurred at <u>12:55 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Packer</u>				23b. ADDRESS <u>D.O. 2 6109 Natural Bridge St. Louis, Mo</u>		23c. DATE SIGNED <u>3/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 13 1951</u>		REGISTRAR'S SIGNATURE <u>H. B. Packer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Futz</u>			
				ADDRESS <u>4828 Nat Bridge Blvd</u>			

*mul*

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John A. Mlenar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St Louis Mo*.....

**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.**