

No. 300  
10-48

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25606

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2656

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4093</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>68</u> OR TOWN <u>Kirkwood</u> <u>4683</u>	
c. LENGTH OF STAY (In this place) <u>10 months</u>		d. STREET ADDRESS (If rural, give location) <u>337 W. Adams Avenue</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>337 W. Adams Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>C.</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1951</u>		
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u> <u>47</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>May 28, 1907</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island &amp; DUSTRY Frisco Terminal Ry</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raleigh King</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Peery</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy C. King</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>World War 2</u>	16. SOCIAL SECURITY NO. <u>707-16-2936</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy C. King, 337 W. Adams Ave.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	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. <u>7955</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 6:45 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert H. Kloube</u> (Degree or title) <u>Local Registrar, Vital Statistics</u>	23b. ADDRESS <u>651 S. Brentwood Clayton Mo.</u>	23c. DATE SIGNED <u>7-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>7/31/51</u>	REGISTRAR'S SIGNATURE <u>Herbert H. Kloube M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave.</u>
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(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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*John S. Remeck*

Licensed Embalmer No. *4194*

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.