

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9186  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lovejoy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>The Peoples Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>612 Washington Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Alexander</b> c. (Last) <b>King</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 13, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 26, 1877</b>	9. AGE (In years last birthday) <b>74</b> If under 1 year: Months Days If under 12 hrs: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John King</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie King (Deceased)</b>	14. NAME OF HUSBAND OR WIFE
-------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Edwin King</b>	ADDRESS <b>4137th St Louis</b>
---	-------------------------	---	--------------------------------

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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b> DUE TO (c) <b>Hypertension</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>592X</b>

22. I hereby certify that I attended the deceased from **7/65**, 1951, to **10/13**, 1951, that I last saw the deceased alive on **10/13**, 1951, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edwin F. Worden</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>930 N 2nd St</b>	23c. DATE SIGNED <b>10/13/51</b>
---------------------------------------	-------------------------------	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	24b. DATE <b>4/10/19/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co. Mo</b>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>OCT. 18 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Sneed</b>	ADDRESS <b>3615 East</b>
--	--	--	--------------------------

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 *Leroy H. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *2880 Eastern Dr*

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.