

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6533

State File No. ....

FILED MAR 5 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1579

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 15 5000 S. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Carril Religion Lecture Home</i>		e. FULL NAME OF DECEASED a. (First) <i>Amelia June</i> b. (Middle) c. (Last) <i>King</i>	
3. NAME OF DECEASED (Type or Print) <i>Amelia June</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 18 1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married (1)</i>	8. DATE OF BIRTH <i>May 13, 1873</i>
9. AGE (In years last birthday) <i>78</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Oil City, Pennsylvania</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY ---	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Joshua King</i>		13b. MOTHER'S MAIDEN NAME <i>Mary A. Lawrence</i>	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) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Hannah E. King</i> ADDRESS <i>5000 S. Broadway</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro Vascular Accident</i>		DUE TO (b) <i>Arterio Sclerosis</i>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <i>Arterial hypertension</i>		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>3-31X</i>
22. I hereby certify that I attended the deceased from <i>Mar 18 1950</i> , to <i>Feb 18 1952</i> , that I last saw the deceased alive on <i>Feb 17 1952</i> , and that death occurred at <i>5:30 a.m.</i> , from the causes and on the date stated above.		

23a. SIGNATURE <i>J.C. Hirschmunder M.D.</i> (Degree or title)	23b. ADDRESS <i>5000 S. Broadway</i>	23c. DATE SIGNED <i>Feb 18 52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2/20/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>St. L. County, Missouri</i>

DATE REC'D BY LOCAL REG. <i>FEB 19 1952</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander &amp; Sons Inc</i> ADDRESS <i>6175 Delmar</i>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*jos. E. McCulloh*

Licensed Embalmer No. 2460

P. O. Address 6175 Pelma

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.