

MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14457  
Registrar's No. 3832

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 14457		Registrar's No. 3832			
1. PLACE OF DEATH a. COUNTY <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>St. Clair</u>							
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>East St. Louis</u>		8120					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Int.</u>				d. STREET ADDRESS (If rural, give location) <u>1520 South "J" St.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Willie</u>		b. (Middle) <u>B.</u>		c. (Last) <u>King</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u>Married</u>	8. DATE OF BIRTH <u>DEC. 14 1919</u>		9. AGE (In years last birthday)	32	10. IF UNDER 1 YEAR	4	11. IF UNDER 24 HRS.	6
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Maid</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>American Hotel</u>			11. BIRTHPLACE (State or foreign country) <u>Brownsville, Tenn.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Edna Perry</u>			14. NAME OF HUSBAND OR WIFE <u>David 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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David King</u> ADDRESS <u>1520 South "J" St.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polychaemia</u>								INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u>									
		DUE TO (c)									
		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>445X</u>							
22. I hereby certify that I attended the deceased from <u>4/18 1952</u> , to <u>4/20 1952</u> , that I last saw the deceased alive on <u>4/20 1952</u> , and that death occurred at <u>8:40 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Carl W. Smith M.D.</u> (Degree or title)				23b. ADDRESS <u>930 N. 2nd St.</u>				23c. DATE SIGNED <u>4/22/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>					
DATE REC'D BY LOCAL REG. <u>APR 23 1952</u>		REGISTRAR'S SIGNATURE <u>Carl W. Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Cragger</u> ADDRESS <u>1036 Tudor Ave.</u>						

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 Me

working under my personal supervision.

Student Embalmer No. ....

Signed Bern. H. Baldwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address St Louis Ill

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.