

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2768

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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, Missouri		c. LENGTH OF STAY (in this place) 21 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION. Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 76 1810a Benton					
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1953		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-8-87		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 YRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Detective			10b. KIND OF BUSINESS OR INDUSTRY Pinkerton Co.		11. BIRTHPLACE (City and State or Foreign Country) Michigan, Three Oaks		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME King, Greenbury			13b. MOTHER'S MAIDEN NAME Dawson, Anna			14. NAME OF HUSBAND OR WIFE Nicholson, Pearl			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-05-2946		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elinore Beatty				ADDRESS 5512 Dewey	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of liver?		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, Thrombosis of inf. vena cava.						}	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 155X					
22. I hereby certify that I attended the deceased from JAN , 1953, to MARCH-11 , 1953, that I last saw the deceased alive on March 11 , 1953, and that death occurred at 10:35 A. M. , from the causes and on the date stated above.									
23a. SIGNATURE Earl Smith MD				(Degree or title)		23b. ADDRESS 1325 So Grand		23c. DATE SIGNED 3/12/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-14-53		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 14 1953		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc.		ADDRESS 1936 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1956

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 _____

None

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Melvin J. Krispin

Licensed Embalmer No. *3497*

P. O. Address *St. Louis*

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.