

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5491

FILED JUN 20 1953

318

1003

5491

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (If in this place)
ST LOUIS 1 HR.

c. CITY (If outside corporate limits, write RURAL and give township)
ST LOUIS 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION e. STREET ADDRESS (If rural, give location)
CITY HOSPITAL 23 1402a So. 7th St

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) d. DATE OF DEATH (Month) (Day) (Year)
Andrew JACKSON King May 30 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 8. DATE OF BIRTH April 13, 1890 9. AGE (In years last birthday) 63 63 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 10b. KIND OF BUSINESS OR INDUSTRY HdW. STORE 11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert King 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Ethel King

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. ? 17. INFORMANT'S SIGNATURE OR NAME Ralph King ADDRESS 2845 Wis. St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Tubercular disease INTERVAL BETWEEN ONSET AND DEATH 12-16 mos

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension 4 yrs

DUE TO (c) Diabetes (Insulin) 3 years

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 none 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 443X

22. I hereby certify that I attended the deceased from May 1, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE Allen Washburn (Degree or title) M.D. 23b. ADDRESS 740 S 14 23c. DATE SIGNED 6/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6-2-53 24c. NAME OF CEMETERY OR CREMATORY CITY 24d. LOCATION (City, town, or county) (State) De Soto Mo

DATE REC'D BY LOCAL REG. JUN 2 1953 REGISTRAR'S SIGNATURE J. C. Smith 25. FUNERAL DIRECTOR'S SIGNATURE Lee Mathuskiad ADDRESS De Soto Mo

298 (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 Andrew H. Engler

Licensed Embalmer No. 4748

P. O. Address De Soto, N

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.