

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

22949

State File No.

5837

Registrar's No.

LED JUL 2 - 1953

318

PRIMARY REG. DIST. NO.

1003

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 **Missouri** b. COUNTYb. CITY (If outside corporate limits, write RURAL and give OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (If in this place) **Life**c. CITY OR TOWN **St. Louis, Mo**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **1402 Montrose**e. STREET ADDRESS (If rural, give location) **18 1402 Montrose****21890**

3. NAME OF DECEASED (Type or Print)

a. (First)

Catherine

b. (Middle)

Belrose

c. (Last)

King

4. DATE OF DEATH (Month) (Day) (Year)

June 10, 1953

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 18, 1889

9. AGE (In years last birthday)

64

IF UNDER 1 YEAR

I

IF UNDER 2 HRS.

22

Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Belrose

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Hugh 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

Hugh King, 1402 A Montrose, St. Louis, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Coronary Occlusion

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Angina Pectoris**General Arterio Sclerosis****Rues**

INTERVAL BETWEEN ONSET AND DEATH

1/2 day**1 year****2****15 yrs.**

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

4201

22. I hereby certify that I attended the deceased from **June 6, 1953**, to **June 10, 1953**, that I last saw the deceased alive on **June 10, 1953**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

J. Julius Ehr. Rotten M.D.

23b. ADDRESS

2603 Shawnee St

23c. DATE SIGNED

June 11, 53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

June 15, 1953

24c. NAME OF CEMETERY OR CREMATORY

National Cemetery

24d. LOCATION (City, town, or county) (State)

Jefferson Barracks, Missouri

DATE REC'D BY LOCAL

JUN 11 1953

REGISTRAR'S SIGNATURE

J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

McLaughlin's, 2301 Lafayette, St. Louis, Mo.

ADDRESS

Rotten
26030 Charlotte
PW 3636

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.....
Signature of Student Embalmer

Signed *James R. Chapman*.....
Licensed Embalmer No. *45*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.