

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40700

FILED DEC 4 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11297**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Illinois	b. COUNTY St. Clair
c. LENGTH OF STAY (In this place) 10X3		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fermin Des Loge		d. STREET ADDRESS (If rural, give location) 788 Lindy Court	

3. NAME OF DECEASED a. (First) Paul b. (Middle) Taylor c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 17 1904	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.		10b. KIND OF BUSINESS OR INDUSTRY Construction Co	11. BIRTHPLACE (State or foreign country) East St. Louis Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herbert King	13b. MOTHER'S MAIDEN NAME Neva Taylor	14. NAME OF HUSBAND OR WIFE Margaret King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 348-05-1738
17. INFORMANT'S SIGNATURE OR NAME <i>Margaret King</i>		ADDRESS E. St. Louis, Ill.

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lung - Pt.		INTERVAL BETWEEN ONSET AND DEATH 2 Mo.
	PREVIOUS CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. medicinal diseases		
	DUE TO (c) metastases to mediastinum + other lung		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Carcinoma jejunum (primary) + metastases to liver			

19a. DATE OF OPERATION 11/25/53	19b. MAJOR FINDINGS OF OPERATION Co lung + metastases to mediastinum		20. AUTOPSY? YES <input checked="" 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) 162X	
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?

22. I hereby certify that I attended the deceased from **11/15**, 1953, to **11/27**, 1953, that I last saw the deceased alive on **11/28**, 1953, and that death occurred at **6:30** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph L. Lucids M.D.</i>	(Degree or title)	23b. ADDRESS 134 N. Grand	23c. DATE SIGNED 11/30/53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 30 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem. S.	24d. LOCATION (City, town, or county) (State) Belleville, Ill.

DATE REC'D BY LOCAL REG. NOV 30 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Curran</i>	ADDRESS St. Louis
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WHITE 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Al Purvis Jr

Signed
Student Embalmer

Licensed Embalmer No. 3162

P. O. Address East St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.