

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 28 1954

BIRTH NO. 620,980-3 REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 547 Registrar's No. 2176

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Franklin	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Clair		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 day		STREET ADDRESS (If rural, give location) Rural 0260			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Killis b. (Middle) Edward c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 9, 1954	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4	IF UNDER 1 HRS. Days 4 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James King	13b. MOTHER'S MAIDEN NAME Delma Huff	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James King ADDRESS St. Clair, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive atelectasis of lung of premature baby		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 7625 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? _____

22. I hereby certify that I attended the deceased from 9/13 1954, to 9/30, 1954, that I last saw the deceased alive on 9/13, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE John G. Jones Jr. (Degree or title)	23b. ADDRESS 634 N. GRAND	23c. DATE SIGNED 9/14/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-15-54	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Mo
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DATE REC'D BY LOCAL REG. 9/14/54	REGISTRAR'S SIGNATURE Rebecca Annberry Casey	25. FUNERAL DIRECTOR'S SIGNATURE Sanet ADDRESS St. Clair, Mo
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(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.....
Signature of Student Embalmer

Signed *H. M. Lerot*.....

Licensed Embalmer No. *360*

P. O. Address *St. Clair,*

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.