

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14200**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **860**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. CITY OR TOWN Overland 4 24 JK	
c. LENGTH OF STAY (In this place) 3 1/2 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2020 Wismer Ave.		STREET ADDRESS (If rural, give location) 2020 Wismer Ave.	

3. NAME OF DECEASED (Type or Print) Robert Andrew King	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 12, 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1866	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Calloway Co., Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME J.W. King	13b. MOTHER'S MAIDEN NAME Catherine Thomas	14. NAME OF HUSBAND OR WIFE Agnes King
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give year or dates of service) No Nil	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Barbara Brooks	ADDRESS 2015 Wismer Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease	DUE TO (b) Archo. Vascular - renal	
	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? 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) 4200
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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?
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22. I hereby certify that I attended the deceased from **April**, 19**47**, to **4/12**, 19**55**, that I last saw the deceased alive on **4/9**, 19**55**, and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles W. Davis MD	(Degree or title)	23b. ADDRESS 5298th Piquette	23c. DATE SIGNED 4/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-13-55	24c. NAME OF CEMETERY OR CREMATORY Beach Grove	24d. LOCATION (City, town, or county) (State) Graves Co., Ky.
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DATE REC'D BY LOCAL REG. 4-13-55	REGISTRAR'S SIGNATURE Herbert D. Donkey, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE A.H. Hoppe	ADDRESS 4704 Washington Ave.
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WRITE PLAINLY--USING UNFAADING 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 *John S. Pennek*.....

Licensed Embalmer No. *41*

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.