

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16757
4268

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY Missouri				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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 9					
d. FULL NAME OF HOSPITAL OR INSTITUTION. Missouri Pacific Hosp.				e. STREET ADDRESS (If rural, give location) 67350A Bayard St. 20th							
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) _____			c. (Last) King					
4. DATE OF DEATH (Month) (Day) (Year) MAY 10-1955		5. SEX M 2		6. COLOR (R RACE) Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married		8. DATE OF BIRTH March 21, 1884			
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Porter (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Tipton, Tennessee /		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Garrison King			13b. MOTHER'S MAIDEN NAME Annie (?)			14. NAME OF WIFE OR WIFE Mrs. Gertrude King					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Gertrude King, 1116 Paseo, Kansas				ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial thrombosis						CITY, MO. St. Louis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure						years			
		DUE TO (c) Arteriosclerosis, generalised						years			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema.									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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? 4:500							
22. I hereby certify that I attended the deceased from 9 May 1955 , to 10 May 1955 , that I last saw the deceased alive on 10 May 1955 , and that death occurred at 10:20 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Charles J. Gates				23b. ADDRESS 1755 S. Grand				23c. DATE SIGNED 11 May 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/16/1955		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Mo.		(State) _____			
DATE REC'D BY LOCAL REG. MAY 13 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.					

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 15 1957

MS
NOV 17 1957

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 Arthur R. Hillier

Licensed Embalmer No..... 422

P. O. Address... 4107 Finney

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.