

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23975

State File No.

5692

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)	
c. LENGTH OF STAY (In this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 5045 Westminster Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5045 Westminster Place			

3. NAME OF DECEASED (Type or Print)	a. (First) LENA	b. (Middle)	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year) De June 30 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH December 11, 1857	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Wirsing	13b. MOTHER'S MAIDEN NAME Margaretha Ehret	14. NAME OF HUSBAND OR WIFE Richard G. King
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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. None	17. INFORMANT'S SIGNATURE OR NAME James G. King	ADDRESS St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month 10+ years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infirmities of age 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? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 194X
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22. I hereby certify that I attended the deceased from **Feb 1947**, to **June 3, 1955**, that I last saw the deceased alive on **6-20, 1955**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. M. Charles, M.D.	23b. ADDRESS 110 S. Central Clayton, Mo.	23c. DATE SIGNED 7-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-1-55	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill	24d. LOCATION (City, town, or county) (State) Belleville Illinois
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DATE REC'D BY LOCAL REG. JUL 1 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter ...	ADDRESS Belleville, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Decem

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
Student Embalmer

Signed: Frank J. Kelly

Licensed Embalmer No. 4356

P. O. Address: St Louis Mo

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