

FILED SEP 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28492

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1946

1. PLACE OF DEATH a. COUNTY St Louis		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 township) OR TOWN PINE LAWN	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home		e. STREET ADDRESS (If rural, give location) 6703 Marmaduke	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Timothy c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) 8 20 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11-30-1870	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 84 8 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY VARIOUS UNK	11. BIRTHPLACE (City and State or Foreign Country) New York City N Y		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Timothy King	13b. MOTHER'S MAIDEN NAME Ann Jeaudeaux	14. NAME OF HUSBAND OR WIFE Josephine 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. 138-18-6253	17. INFORMANT'S SIGNATURE OR NAME Josephine King (Daughter 6703 Marmaduke	ADDRESS 6703 Marmaduke
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		MEDICAL CERTIFICATION St Louis, Missouri INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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)
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 June 10, 1953, to Aug 19, 1955, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23a. SIGNATURE A. J. Catanzaro M.D.	(Degree or title)	23b. ADDRESS 2705 Clefton	23c. DATE SIGNED 20 Aug 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-23-1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County, Missouri
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DATE REC'D BY LOCAL REG. 8/22/55	REGISTRAR'S SIGNATURE Herbert B. Drake M.D.	25. FUNERAL DIRECTOR'S SIGNATURE HOFMEISTER COLONIAL MORTUARY	ADDRESS 6764 Chippewa St. Louis, Missouri
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(Licensed Embalmer - 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 *Harry J. Schumacher*.....
Licensed Embalmer No. 2679

P. O. Address *7514 1/2 Producers*.....

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.