

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1955

State File No. 38467

318

1003

Registrar's No. 9781

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 38467			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>ST. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>				e. STREET ADDRESS (If rural, give location) <u>22 16th So. 22nd ST.</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Eddie</u>			b. (Middle) _____			
			c. (Last) <u>King</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-55</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Feb. 1903</u>		9. AGE (In years last birthday) <u>52 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Joe King</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>ETTA King</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leta Williams</u>			ADDRESS <u>16 So 22nd ST.</u>	
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) <u>1. Pulmonary Oedema;</u> <u>2. Blood loss;</u> <u>3. Anesthesia;</u> DUE TO (b) <u>suffered during operation for Prostate Gland at Homer G. Phillips Hospital, Nov. 4, 1955.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ACCIDENT.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E954 610X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>suicide</u> <u>homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOSPITAL</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis</u>					
21d. TIME OF INJURY <u>11-4-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>445</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>11/9/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Rock Ark</u>		24d. LOCATION (City, town, or county) (State) <u>Little Rock Ark</u>			
DATE REC'D BY LOCAL REG. <u>NOV 9 1955</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>McDunn Funeral Home</u>				
					ADDRESS <u>215 So. Jeff.</u>				

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.....
S. J. Watson
Licensed Embalmer No. *26*

P. O. Address *27690*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.