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1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>				e. STREET ADDRESS <i>3617a Wilmington</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary Theresa</i>		b. (Middle) _____		c. (Last) <i>King</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7-29-56</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>Oct. 6, 1895</i>	
9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CLERK (RETIRED) MO. PAC. R.P. CO.</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or foreign country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>American</i>	
13a. FATHER'S NAME <i>MATTHEW KING</i>		13b. MOTHER'S MAIDEN NAME <i>CATHERINE McNIFF</i>		14. NAME OF HUSBAND OR WIFE <i>NONE</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>AGNES KING 3617a WILMINGTON AVE.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Intestinal Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) _____ (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) <i>Rheumatic H. Disease.</i>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		578 x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <i>July 21, 1956</i> , to <i>July 29, 1956</i> , that I last saw the deceased alive on <i>July 29, 1956</i> , and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased's title) <i>Charles Francis King, M.D.</i>				23b. ADDRESS <i>1955 S. Grand.</i>		23c. DATE SIGNED <i>7-30-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>AUG. 1, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM.</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO.</i>	
DATE REC'D BY LOCAL REG. <i>JUL 30 1956</i>		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>KRIEGSHAUSER 4228 S. KINGSHIGHWAY</i>			

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.....
Richard W. Storeman

Licensed Embalmer No. 400

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.