

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10542  
State File No. 2138

FILED MAR 27 1957

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 township) OR TOWN St. Louis c. CITY OR TOWN St. Louis d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital 0 e. STREET ADDRESS (If rural, give location) 3822 Russell

3. NAME OF DECEASED a. (First) Lillian b. (Middle) M c. (Last) King 4. DATE OF DEATH (Month) (Day) (Year) Mar 2, 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 8. DATE OF BIRTH Feb 10 1874 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Springfield Mo 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Conrad Eckas 13b. MOTHER'S MAIDEN NAME Louise Freund 14. NAME OF HUSBAND OR WIFE Daniel King

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 ADDRESS John M King 1102 Yale Richmond Hgts Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cancer of Stomach  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Generalized Arteriosclerosis DUE TO Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 151x 20. AUTOPSY? YES  NO

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) m. \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 1300 Clark 23b. ADDRESS 23c. DATE SIGNED 3.4.57.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE Mar 4, 57 24c. NAME OF CEMETERY OR CREMATORY Catholic 24d. LOCATION (City, town, or county) (State) Springfield MO.

DATE REC'D BY LOCAL REG. MAR 4 57 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette

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

Name of Deceased \_\_\_\_\_  
 Address of Deceased \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Name of Embalmer \_\_\_\_\_  
 Address of Embalmer \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Date of Embalming \_\_\_\_\_  
 Place of Embalming \_\_\_\_\_

**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 *Thomas R. Fenwick*  
 \_\_\_\_\_

Licensed Embalmer No. 3793  
 P. O. Address 3125 Lafayette

**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.**