

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 19 1959

210120

59-042083

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis.</u>		Length of stay in lb <u>2 days</u>	c. CITY OR TOWN <u>House Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route # 2 Box 338</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mark</u> Middle <u>Eugene</u> Last <u>King</u>			4. DATE OF DEATH Month <u>11</u> Day <u>1</u> Year <u>59</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-59</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> IF UNDER 24 HR Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Kirkwood, Missouri</u>	
13a. FATHER'S NAME <u>Kenneth King</u>			13b. MOTHER'S MAIDEN NAME <u>Carol Bourne</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mary Ritter 500 So kingshighway</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory arrest</u>					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Bronchopneumonia - Prematurity - Patent Ductus</u>					
DUE TO (c) <u>Postop T-E Fistula 756.2</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-1-59</u> to <u>11-3-59</u> and last saw ^{her} _{him} alive on <u>11-3-59</u> Death occurred at <u>12 noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Leonard Peter Rome M.D.</u>			22b. ADDRESS <u>Childrens Hospital</u>		22c. DATE SIGNED <u>11-3-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/5/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. MARTIN'S Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>High Ridge Mo</u>	
24. FUNERAL DIRECTOR <u>Drummaer Funeral Home House Springs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 4 1959</u>		26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u> <u>M. 8153.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 NOT Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Brimmer

Licensed Embalmer No. 1470

P. O. Address House Springs

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.