

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 12 1960

=60-028518
 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7718**

INDEXED

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 2618 Gamble		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Clarence Middle King Last King				4. DATE OF DEATH Month 8 Day 1 Year 60					
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb 22, 1915-45		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10b. KIND OF BUSINESS OR INDUSTRY Self Employed			11. BIRTHPLACE (City and state or country) Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James King				13b. MOTHER'S MARDEN NAME Lula King				14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT Lula King Address 2908 Chouteau				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH Undet.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331X									
DUE TO (c)									
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 checked="" type="checkbox"/> NO <input 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 9:10 a.m. p.m.		Month, Day, Year 7-29-60			20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY MO STATE MO		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)							
21. I attended the deceased from 7-29-60 to 8-1-60 and last saw him alive on 8-1-60 Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS 2601 N. Whittier St.				22c. DATE SIGNED 8-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-8-60		23c. NAME OF CEMETERY OR CREMATORY Father Dickson		23d. LOCATION (City, town, or county) (State) St. Louis Co, MO.			
24. FUNERAL DIRECTOR S. J. Watson ADDRESS 2748 Chouteau				25. DATE RECD. BY LOCAL REG. AUG 4 1960		26. REGISTRAR'S SIGNATURE Keal Smith, M.D.			

DOCUMENT

BY AFFIDAVIT OF Funeral director

MEDICAL CERTIFICATION

2180

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4681

P. O. Address St. Paul, Minn.

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