SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007159
STATE FILE NUMBER

AMENDED ✓ Registration District No. 317 Primary Registration District No. 547 Registrar's No. 318

FILED VS FEB 20 1961

DATE AMENDED 1/2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~St. Louis~~ Richmond Heights — Length of stay in 1b: 3 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 5535 LANSDOWNE — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LUTHER Middle L. Last KING

4. DATE OF DEATH Month JAN. Day 30 Year 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JULY 7, 1892
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months 6 Days 3 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIPEFITTER
10b. KIND OF BUSINESS OR INDUSTRY: MONSANTO
11. BIRTHPLACE (City and state or country): MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WALTER KING
13b. MOTHER'S MAIDEN NAME: MARIE ROEBUCK
14. NAME OF HUSBAND OR WIFE: VIRGINIA KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: VIRGIE KING Address: 5535 LANSDOWNE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma ureter — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute heart block
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/21/53 to 1/30/61 and last saw him alive on 1/29/61
Death occurred at 4:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. F. Melick, MD (Degree or title)
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 1/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 2, 1961
23c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEMETERY
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO.

24. FUNERAL DIRECTOR SCHUMACHER'S ADDRESS 3013 MERAMEC ST.
25. DATE RECD. BY LOCAL REG. 2-1-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DR. MELICK
3720 WASHINGTON

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 Jack Haupt

Licensed Embalmer No. 4746

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.