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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. John 15284

State File No. 15284

FILED MAY 6 1943

Registration District No. 6037

Primary Registration District No. 6076

Registrar's No. 1002

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berkeley City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fern Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 1

(c) City or town Berkeley City 1
(If outside city or town limits, write "RURAL")

(d) Street No. Fern Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Pauline Arnold KING

3. (b) If veteran, name war None

3. (c) Social Security No. 484-03-7138

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Wiley

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct (Month) 25 (Day) 1910 (Year)

8. AGE: Years 32 Months 5 Days 30 If less than one day ..... hr. ..... min.

9. Birthplace Troy (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Carl King
13. Birthplace Troy (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Laura Calhoun
15. Birthplace Troy (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Wiley J. Arnold

(b) Address Berkeley City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bauman Bros

(b) Address 2504 Woodson Rd

19. (a) APR 28 1943 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from 4/12 1943 to 4-24 1943 that I last saw her alive on 4-24 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Sigmoid	1 year
Due to	
Due to Metastasis in liver	2 months
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations none 46
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature Roy Johnson (M. D. or other)

Address Ferguson Mo. Date signed 4/26/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Mo.

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 this body is not embalmed, fact should be so stated above.