

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39412

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2804

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAKEWOOD</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  |
| c. LENGTH OF STAY (in this place) <u>1 Day</u>   |  | d. STREET ADDRESS (If rural, give location) <u>5719 Maple Ave.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>                           |  |   |  |

|   |  |  |                                       |  |  |
|---|--|--|---------------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Roscoe</u> b. (Middle) <u>C.</u> c. (Last) <u>King</u> |  |  | 4. DATE OF DEATH <u>Nov. 19, 1950</u> |  |  |
|---|--|--|---------------------------------------|--|--|

|  |                            |   |  |  |   |   |
|--|----------------------------|---|--|--|---|---|
| 5. SEX <u>M.</u>   | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 2, 1867</u> | 9. AGE (In years last birthday) <u>83</u>                      | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager, New York</u> |                            | 10b. KIND OF BUSINESS OR INDUSTRY <u>Belting &amp; Packing</u>        |  | 11. BIRTHPLACE (State or foreign country) <u>Boston, Mass.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Samuel King</u>                                       |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Roberts</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Ida Virginia King</u>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>None</u>               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. F. King 5719 Maple</u> |  |

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4222</u> |
|  | II. ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senility &amp; myocarditis</u> |  |   |
|  | III. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute pulmonary</u>                  |  |   |

|  |  |   |   |
|--|--|---|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <u>edema &amp; coagulation</u>  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) | 21f. HOW DID INJURY OCCUR   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   |   |

22. I hereby certify that I attended the deceased from 7/30, 1945, to Nov 19, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 6:55A m., from the causes and on the date stated above.

|  |                                |   |  |                                     |
|--|--------------------------------|---|--|-------------------------------------|
| 23a. SIGNATURE <u>W. H. Clifton</u> (Degree or title) <u>D</u> |                                | 23b. ADDRESS <u>956 Carleton Bldg St Louis Mo.</u>  |  | 23c. DATE SIGNED <u>Nov 20 1950</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>        | 24b. DATE <u>Nov. 21, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |                                     |

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11/21/50</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Lomb</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons, Inc. 6115 Delmar</u> |
|--|--|--|

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

11 111

De Witt Clithero

CL 7152

308 N. ...  
906

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 .....  
Student Embalmer

Signed Joe E. McCulloch  
Licensed Embalmer No. 2760

P. O. Address 6170 Delmar

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.