

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9291

State File No.

ED MAR 28 1952

BIRTH NO.		REG. DIST. NO. <u>256</u>		PRIMARY REG. DIST. NO. <u>4388</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Osage.</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Chamois</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St Louis Co</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves. 4587</u>		d. STREET ADDRESS (If rural, give location) <u>522 Sunnyside 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Post Office</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>REN</u>	b. (Middle) <u>MONROE</u>	c. (Last) <u>FREDE KING</u>	Month <u>March</u>	Day <u>22</u>	Year <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 JUNE 1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 12 MOS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machinery Mfg</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Wm Frede King</u>		13b. MOTHER'S MAIDEN NAME <u>DORA PARKS</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby H. Frede King</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>488-03-1606</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby H. Frede King</u> ADDRESS <u>522 Sunnyside Webster Groves</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis with occlusion</u>				<u>1 hour (2nd attack)</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						<u>4201</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 22</u> , 19 <u>52</u> <u>Only time</u> , that I last saw the deceased alive on <u>Mar 22</u> , 19 <u>52</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Farnsworth, M.D.</u>				23b. ADDRESS <u>Chamois, Mo.</u>		23c. DATE SIGNED <u>3-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webster Brown</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Groves, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 22-52</u>		REGISTRAR'S SIGNATURE <u>Tanner Moran</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Meyer</u>		ADDRESS <u>Chamois, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE, PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

760
3

YS FEB 8 1989

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.

Signed Stanley E. Meyer

Signed _____
Student Embalmer

Licensed Embalmer No. 4639

P. O. Address Cherokee 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.