

FILED FEB 2 1949 STANDARD CERTIFICATE OF DEATH

State of Missouri

State File No. 2596  
731

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6152 Columbia Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Casebolt</b> c. (Last) <b>Davis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 23, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married May 3, 1924</b>	8. DATE OF BIRTH <b>Dec. 9, 1900</b>
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paymaster - auditor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Vess Bottling Co.</b>	11. BIRTHPLACE (State or foreign country) <b>LaBelle, Mo.</b>
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <b>John Farmer Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Effie Belle Casebolt</b>	14. NAME OF HUSBAND OR WIFE <b>Winifred Thomas</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY No. <b>493-09-4427</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Winifred Thomas Davis</b> ADDRESS <b>6152 Columbia</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery sclerosis</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 checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan. 12, 1949, to Jan. 23, 1949, that I last saw the deceased alive on Jan. 22, 1949, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>William A. Turner</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>St. John's Hospital</b>	23c. DATE SIGNED <b>1/23/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/25/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>
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DATE REC'D BY LOCAL REG. <b>JAN 25 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Fasola</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b> ADDRESS <b>6633 Clayton Rd. 17</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Ernest W. Spillers*

Licensed Embalmer No. *4080*

P. O. Address \_\_\_\_\_

**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.