

FILED SEP 22 1949

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

32517

State File No. \_\_\_\_\_

46

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 21163

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>1180</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis (15) Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis (15) Missouri</u>	
c. LENGTH OF STAY (In this place) <u>1 yr. 1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Bellefontaine Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Tr. School.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hope</u>		b. (Middle) <u>Nesbit</u>	
c. (Last) <u>Davies</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9 '49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>June 16, 1939</u>
9. AGE (In years last birthday) <u>10</u>	If UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	If UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Robert E. Davies</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Nesbit</u>	14. NAME OF HUSBAND OR WIFE <u></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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of St. Louis St. Tr. School.</u>
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, ashenia, 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* (a) <u>Hypostatic pneumonia</u>			<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Broncho-pneumonia</u>			<u>3 wks</u>
DUE TO (c) <u>Spastic quadriplegia</u>			<u>10+ yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Microcephalus</u>			<u>10+ yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>351X</u>	
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) <u>351X</u>
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 <u>July 12, 1948</u> , to <u>Sept. 9, 1949</u> , that I last saw the deceased alive on <u>Sept. 9, 1949</u> , and that death occurred at <u>9:25 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. Ellisiecks M.D.</u>		23b. ADDRESS <u>St. Louis State Tr. School</u>	23c. DATE SIGNED <u>9-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>9-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-10-49</u>	REGISTRAR'S SIGNATURE <u>Robert R. Honda, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James [illegible], Keokuk</u>	

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

(Licensed Embalmer's Signature on Reverse Side)

9-E

**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 *William D. Fitzgerald*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Wichita, 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.