No. 300
10.48

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

FILED NOV 17 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38398 9455

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2079
d. STREET ADDRESS (If rural, give location): 5444 Beacon Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): Alice
c. (Last): Davis

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 4, 1950

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: March 10, 1865
**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Pittsburgh, Pa.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: George W. McClintock
**13b. MOTHER'S MAIDEN NAME**: Mary Keller
**14. NAME OF HUSBAND OR WIFE**: Henry B. Davis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. W. H. Macarthy, 5444 Beacon Ave.

**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, asthenia, 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): Coronary Heart

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Fracture Hip (home)

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**: Subtrochanteric Fr. Hip - Nailed -
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): home
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Oct 8 50 a.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Fell at Home

22. *I hereby certify that I attended the deceased from* Oct. 26, 1950, *to* 11-4, 1950, *that I last saw the deceased alive on* 11-4, 1950, *and that death occurred at* 1:15p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: [illegible] MD (Degree or title)
**23b. ADDRESS**: Mo. Theatre Bldg.
**23c. DATE SIGNED**: 11-6-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 11-7-50
**24c. NAME OF CEMETERY OR CREMATORY**: Oakwood
**24d. LOCATION** (City, town, or county) (State): Alton, Ill.

DATE REC'D BY LOCAL REG.: NOV 7 1950
REGISTRAR'S SIGNATURE: J. B. Lacater
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

9455

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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