

No. 300
10. 48

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39219

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2741

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
c. LENGTH OF STAY (in this place) 19 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. L. County Hospital

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

3. NAME OF DECEASED
(Type or Print)
a. (First) CASEY
b. (Middle) _____
c. (Last) DAVISON

4. DATE OF DEATH
(Month) (Day) (Year)
Nov. 12 1950

5. SEX
Male

6. COLOR OR RACE
Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
April 18, 1874

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min.
76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Franklin Co. Mo

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Milton Davison

13b. MOTHER'S MAIDEN NAME
Liza McCourtland

14. NAME OF HUSBAND OR WIFE
Hattie Davison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Zelma Williams Mary, Hts. Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death. Anemia, unknown origin

INTERVAL BETWEEN ONSET AND DEATH
15 mins
1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1950 to Nov. 12, 1950, that I last saw the deceased alive on Nov. 12, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D. M. Weible

23b. ADDRESS
M. D. 601 S. Brentwood Clayton 5m

23c. DATE SIGNED
11-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
11-18-50

24c. NAME OF CEMETERY OR CREMATORY
Local

24d. LOCATION (City, town, or county) (State)
Robertsonville, Mo.

DATE REC'D BY LOCAL REG.
11/15/50

REGISTRAR'S SIGNATURE
Herbert R. Tomke Mo 7/3

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Russell Und., Co. 2732 Pine Blvd.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Clark Yarns

Licensed Embalmer No. *3371*

P. O. Address *St. James*

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.