

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

40117

State File No. 10044

No. 300
10-48

FILED DEC 2 1952

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>24</u> 3027 Keokuk Street					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>D.</u>		c. (Last) <u>DAVENPORT</u>			
4. DATE OF DEATH		(Month) <u>OCT.</u>		(Day) <u>31,</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>Divorced</u>		8. DATE OF BIRTH <u>Sept-6-1901</u>		9. AGE (In years last birthday) <u>51</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Earlington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Harmon I. Davenport</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Small</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>087-05-8249</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Davenport</u>		ADDRESS <u>3027 Keokuk St.</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, 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* (a) <u>unknown</u>				DUE TO (b) <u>esophageal varices</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>portal cirrhosis of liver</u>					
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		5810			
22. I hereby certify that I attended the deceased from <u>10-27-52, 10</u> , to <u>10-31-52, 19</u> , that I last saw the deceased alive on <u>10-31-52, 19</u> , and that death occurred at <u>6:00A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. Riley</u>				23b. ADDRESS (Degree or title) <u>M.D.</u> <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>10-31-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov-3-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nov St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL OFFICE <u>NOV 1 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u> ADDRESS <u>1936 St. Louis Ave.</u>					

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Delis J. Kriskin

Licensed Embalmer No. *43497*

P. O. Address *St. Louis, 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.