

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19316

FILED JUN 1 - 1953

State File No. 4825
Registrar's No. 4825

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 1 Day	c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			e. STREET ADDRESS (If rural, give location) 2129a East Fair Avenue		
3. NAME OF DECEASED (Type or Print) Wilson			a. (First)	b. (Middle)	c. (Last) Davenport
4. DATE OF DEATH	(Month)	(Day)	(Year)		
May	11,	1953.			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY R.R. Mail Clerk	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. <input checked="" type="checkbox"/>	12. COUNTRY OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lawrence Deavenport		13b. MOTHER'S MAIDEN NAME Charlotte Mercer		14. NAME OF HUSBAND OR WIFE Mrs. Josephine Davenport	
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. 491-18-8238	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Robert L. Davenport, 7262 Nat. Bridge		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 days
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" type="checkbox"/> NO <input 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? 4200		
22. I hereby certify that I attended the deceased from 12-26-52, 19, to death, 19, that I last saw the deceased alive on 5-14, 1953, and that death occurred at 2:25 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Louis H. Bessard, M.D.			23b. ADDRESS 7262 Nat. Bridge		23c. DATE SIGNED 5/14/53
24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 5-14-1953	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) Wellston	(State) Mo.	
DATE REC'D BY LOCAL REG. MAY 12 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Biath Hermann & Son, Inc. 2161 E. Fair Ave.	

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.....
Signature of Student Embalmer

Signed *Blaw W. Holt*.....

Licensed Embalmer No. *37*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.