

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33072**
Registrar's No. **8453**

FILED: SEP 24 1953

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1425 a So. 7th St.		e. STREET ADDRESS (If rural, give location) 23 1425 a So. 7th St. 2239	
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) c. (Last) Davenport		4. DATE OF DEATH (Month) (Day) (Year) 8-31-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 16, 1900
9. AGE (In years last birthday) Months Days Hours Min. 53 yrs.		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Finisher		10b. KIND OF BUSINESS OR INDUSTRY Biedermans	
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Davenport		13b. MOTHER'S MAIDEN NAME Sarah Travis	
14. NAME OF HUSBAND OR WIFE Sissie 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. 489-12-1382		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sissie Davenport 1425 a So. 7th	
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) Adeno-Carcinoma of stomach 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 Extensive metastasis thru out abdomen	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Feb. 14, 1953 , to Aug 28, 1953 , that I last saw the deceased alive on Aug 28, 1953 , and that death occurred at 8:00 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) B. C. Kane		23b. ADDRESS D.O. 4260 Manchester	
23c. DATE SIGNED Aug 31/1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8/31/53		24c. NAME OF CEMETERY OR CREMATORY Elders Cemetery	
24d. LOCATION (City, town, or county) (State) Campbell, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmitz 3125 Lafayette Ave.	
DATE REC'D BY LOCAL REG. AUG 31 1953		REGISTRAR'S SIGNATURE Carl Smith	

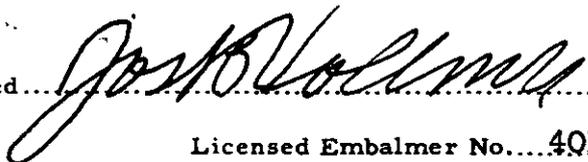
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No.....4014.....

P. O. Address 3125 Lafayette.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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