

FILED OCT 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34495

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2334

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland 423 X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9434 Marlowe Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>9434 Marlowe Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>Damon</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 2, 1879</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Clay City, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James R. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa B. Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>James Walter Damon Dad.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald J. Damon, 9434 Marlowe Ave - Overland</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>6 yrs.</u> DUE TO (c) <u>Cardiovascular</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Senile changes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>443X</u>
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) <u>Overland, Mo.</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May 1, 1950</u> , to <u>Aug 29, 1953</u> , that I last saw the deceased alive on <u>Aug 29, 1953</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. J. Damon</u>		23b. ADDRESS <u>2573 Woodson</u>	23c. DATE SIGNED <u>Sept 1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>New St. Marcus Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>LeVay, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Darrin Ann Prosser, 2501 - Woodson Rd - Overland - 14 - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/1/53</u>		REGISTRAR'S SIGNATURE <u>Walter B. Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3254

P. O. Address Overland, Mo.

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

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