

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3565

State File No. ....

XC. 14 365 550  
Reg. 115836

BIRTH NO. FILED JAN 14 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>SANGAMON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD, 8720</b>	
c. LENGTH OF STAY (In this place) <b>8 days</b>		d. STREET ADDRESS (If rural, give location) <b>937 SOUTH 2ND STREET 8</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VA Adm Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>KENNETH</b>	b. (Middle) <b>G.</b>	c. (Last) <b>DAVIS</b>	<b>1-5-54</b>		

5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-19-1889</b>	9. AGE (In years last birthday) <b>64</b>	10 UNDER 1 YEAR Months	10 UNDER 1 WED. Hours	10 UNDER 1 WED. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DRUGGIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DRUGS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CARROLLTON, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Edgar L. Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Davis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>	16. SOCIAL SECURITY NO. <b>346 14 9819</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</b>	ADDRESS
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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) <b>CARCINOMA OF BLADDER WITH METASTASES</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYDRONEPHROSIS</b> DUE TO (c) <b>CONSTRICTIVE PERICARDITIS</b>		
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"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-28-1953**, to **1-5-1954**, that I last saw the deceased ~~alive on~~ that death occurred at **9:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D. Harkins M.D.</b>	23b. ADDRESS <b>VAH JEFF. BRKS., MO.</b>	23c. DATE SIGNED <b>1-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-6-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton Illinois.</b>
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DATE REC'D BY LOCAL REG <b>1-6-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombrowski</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.H. Hoppe</b>	ADDRESS <b>4700 Washington</b>
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(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.....

*Paul A. Wachter*

Licensed Embalmer No. 4787

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.