

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6072

State File No. ....

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1355

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo-Pac Hospital		e. STREET ADDRESS 7105 Dale Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) JUNE c. (Last) HAWES-DAVIS		4. DATE OF DEATH (Month) (Day) (Year) FEB 11 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30 About
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John David Hawes	
13b. MOTHER'S MAIDEN NAME Melissa Fuller		14. NAME OF HUSBAND OR WIFE Denzil Sherman Davis	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Allie Vere Hawes-Davis		ADDRESS 7105 Dale Ave.	
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) <i>Glomerulonephritis, chr</i> 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. <i>auricular fibrillation chr</i>		INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592x			
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1952, to <i>Feb. 11</i> , 1954, that I last saw the deceased alive on <i>Feb. 10</i> , 1954, and that death occurred at <i>2:40 A. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Karl L. Keffler</i>		23b. ADDRESS <i>M. O. 1139 Belleme ave.</i>	
23c. DATE SIGNED <i>Feb. 11-54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE <i>2/13/54</i>	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. FEB 13 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Ambruster Mortuary</i>		ADDRESS 6633 Clayton Road	

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

APR 23 1956

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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: *Ernest W. Spillers*  
Licensed Embalmer No. *H.C.*

P. O. Address .....

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.