

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9970

State File No.

FILED MAR 19 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2226

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) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4734a Kensington		e. STREET ADDRESS (If rural, give location) 21 2836a Dayton	
3. NAME OF DECEASED (Type or Print) a. (First) Matthew b. (Middle) c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1954	
5. SEX M 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH May 15, 1883
9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee	11. BIRTHPLACE (City and State or Foreign Country) Dallas, Texas /	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Ottoma Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 496 22 4443		17. INFORMANT'S SIGNATURE OR NAME Mary Alice Perry 3025a Delmar	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Pump anade</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Disssecting aneurysm</i> DUE TO (c) <i>of the aorta</i> 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 451x		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:48 p.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Patrick E. Taylor, Coronor</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9-10-54		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE March 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. GENERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	
DATE REC'D BY LOCAL REG. MAR 10 1954		25. GENERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	
25. GENERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		ADDRESS 1221 N. Grand	

WRITE PLAINLY—USING UNFAADING 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 *Justin Swan*

Licensed Embalmer No. *458*

P. O. Address *1221 N. Y...*

**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.**