

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14398

FILED APR 26 1954

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 546		Registrar's No. 893								
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland			c. LENGTH OF STAY (in this place) 25 yrs		c. CITY OR TOWN Overland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 9533 Tennyson Ave				e. STREET ADDRESS (If rural, give location) 9533 Tennyson										
3. NAME OF DECEASED (Type or Print) OLIVER			a. (First)		b. (Middle) PERRY		c. (Last) DAVIS JR							
4. DATE OF DEATH April 13 1954			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Jan 23, 1908		9. AGE (In years last birthday) 46							
5. SEX Male			6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Laster							
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.											
13a. FATHER'S NAME Oliver Perry Davis			13b. MOTHER'S MAIDEN NAME Anna Marie Joergensen			14. NAME OF HUSBAND OR WIFE NONE								
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. 493-05-4530		17. INFORMANT'S SIGNATURE OR NAME Mae Davis			ADDRESS 9533 Tennyson Ave Overland, Mo						
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) From a self-inflicted gunshot wound of the head, suffered in his bedroom in the home of his sister at 9533 Tennyson Ave., Overland. Body was found by his sister, MARY DAVIS, slumped over on a chair DUCE TO (b) a .22 cal. rifle with a discharged cartridge in the barrel near his body. Deceased was removed to the St. Louis County Hospital by Hilleman Ambulance for examination				INTERVAL BETWEEN ONSET AND DEATH						
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE Suicide			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			21c. (CITY, TOWN, OR TOWNSHIP) Overland			21d. (COUNTY) St. Louis			21e. (STATE) Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Apr. 13, 1954 6:55 p. m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of the head.								
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 _____ m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <i>Arnold J. Hilleman</i> Coroner						23b. ADDRESS Clayton, Mo.			23c. DATE SIGNED 4-16-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 4/16/54			24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			24d. LOCATION (City, town, or county) St. Louis County			24e. (State) Mo		
DATE REC'D BY LOCAL REG. 4-15-54			REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons			ADDRESS 7233 Delmar Blvd					

(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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.