

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21528

State File No.

No. 300

10-48

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1414</u>	
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) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		c. CITY OR TOWN <u>OVERLAND</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>3225-WOODSON ROAD</u>			
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle)		c. (Last) <u>DAVIS</u>	
4. DATE OF DEATH <u>June 13 1954</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 6, 1894</u>	
9. AGE (in years last birthday) <u>60</u>		if UNDER 1 YEAR Months		if UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONCRETE POTS.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>COLUMBIA, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE W. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>SALLY DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY V. DAVIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.#1</u>		16. SOCIAL SECURITY NO. <u>488-12-7690</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY V. DAVIS-3225-WOODSON RD.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PRIMARY CARCINOMA OF LIVER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>HEPATOMA</u>				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) <u>155X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>5-30</u> , 19 <u>54</u> , to <u>6-13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>54</u> and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. C. Woulek</u>				23b. ADDRESS <u>M.D. 601 S. Brentwood, Clayton</u>		23c. DATE SIGNED <u>6-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baby Charles Park</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/15/54</u>		REGISTRAR'S SIGNATURE <u>Heber B. Simke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Bros. Inc.</u>		ADDRESS <u>504-Woodson Rd.-Overland, Mo.</u>	

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 *Oscar F. Mueller*.....

Licensed Embalmer No. *3039*.....

P. O. Address *Owlsland*.....

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.