

No. 300
10-48

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24439
State File No. 7074

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis		d. In 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 MISSOURI PACIFIC HOSP.			e. STREET ADDRESS (If rural, give location) 5 22 WINDERMERE PL. 205/0		
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) Gordon c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) July 29 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.	8. DATE OF BIRTH Aug 9, 1899	9. AGE (In years last birthday) 54	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECT. ENGR.	10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME David Clarence Bennett Davis		13b. MOTHER'S MAIDEN NAME Minnie A. Bast	14. NAME OF HUSBAND OR WIFE Vinita Ellen Davis		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES. W.W.II.	16. SOCIAL SECURITY NO. 440-01-1096	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry L. Bond Br. 1729 Shreveport, La.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *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) BRAIN TUMOR, MALIGNANT. ANTECEDENT CAUSES L. TEMPORAL LOBE Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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19a. DATE OF OPERATION Feb. 1954	19b. MAJOR FINDINGS OF OPERATION BR. TUMOR. L. TEMPORAL. LOBE.			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 193X	
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				

22. I hereby certify that I attended the deceased from Feb, 1954, to July 29, 1954, that I last saw the deceased alive on July 28, 1954, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE George H. Hawkins, M.D.	(Degree or title)	23b. ADDRESS 607 N Grand	23c. DATE SIGNED July 29, 54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 31, 1954	24c. NAME OF CEMETERY OR CREMATORY Mexico Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Mo.		

DATE REC'D BY LOCAL REG. JUL 30 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, 6125 Delmar			
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(Licensed Embellisher's Statement of Reverse Side)

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

can be used
W.H.H.

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 *James E. McCulloch*.....

Licensed Embalmer No. *446*.....

P. O. Address *6125 Dela*.....

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.