

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25714

Registrar's No. 1760

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		State File No. 25714		Registrar's No. 1760		
1. PLACE OF DEATH a. COUNTY Saint 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 Kinloch		c. LENGTH OF STAY (in this place) 27yrs		c. CITY OR TOWN Kinloch		4. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 130 Jefferson				e. STREET ADDRESS (If rural, give location) 130 Jefferson						
3. NAME OF DECEASED (Type or Print) LULA			a. (First)		b. (Middle)		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) July 19 1954	
5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 30 Oct 1890		9. AGE (In years last birthday) 65		10. YEARS OF AGE (In years last birthday) 65	11. MONTHS OF AGE (In months last birthday)	12. HOURS OF AGE (In hours last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) unknown Louisiana			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown Beardon			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Turner Davis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Turner Davis, Kinloch, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris Hypertension 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								
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7-12-1954, to 7-18-1954, that I last saw the deceased alive on 7-17-1954, and that death occurred at 6:30 am, from the causes and on the date stated above.										
23a. SIGNATURE J. D. Brown (Degree or title)					23b. ADDRESS 35 N. Jefferson Kinloch, Mo			23c. DATE SIGNED 7-19-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 22 July 1954		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Berkeley, Mo.				
DATE REC'D BY LOCAL REG. 7/20/54		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Boyd Bros Funeral Home, Kinloch			

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

(Licensed Embalmer's Signature on Reverse Side)

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 *Edward A. Flynn*.....

Licensed Embalmer No....4444

P. O. Address..St..Louis..1

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.