

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29415

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>348</u>		Registrar's No. <u>1955</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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves,</u>			c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is 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>Glenwood Sanitarium</u>				e. STREET ADDRESS (If rural, give location) <u>709 South Skinker Blv'd., 212</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u>			b. (Middle) <u>L</u>		c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 10 54</u>		
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>July 25, 1877</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired (work)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self-employed (work)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cook County, Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred Bourland</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Espenschied Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth E. Davis, 709 South Skinker Blv'd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS, GENL 10 YRS</u> DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILE DEMENTIA</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u> <u>10 YRS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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)					
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 <u>1 NOV 54</u> , to <u>10 AUG 54</u> , that I last saw the deceased alive on <u>10 AUG 1954</u> , and that death occurred at <u>6 1/2 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. P. Holden</u>				23b. ADDRESS <u>3720 Washington St</u>		23c. DATE SIGNED <u>11 AUG 54</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>8-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (city, town, or county) (State) <u>St. Louis Co., Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8/11/54</u>		REGISTRAR'S SIGNATURE <u>Wesley S. Tomkins</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton & Sons-7233 Delmar Blv'd.,</u>				

(Licensed Embalmer's Placement on Reverse Side)

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

No. 300
10.48

Dr. Ray F. Holden
3720 Washington Blv'd.,
JE 5-7007

2 P.M.

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. Schoen*

Licensed Embalmer No. *3864*

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.