

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39584

State File No. _____

BIRTH NO. 84611-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2547

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) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>	
c. LENGTH OF STAY (in this place) <u>8 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>#19 George Court</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gregory</u> b. (Middle) <u>Allen</u> c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11/3/54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 3, 1954</u>	9. AGE (In years last birthday) <u>8</u> <u>0</u> Months <u>8</u> <u>0</u> Days <u>0</u> <u>0</u> Hours <u>0</u> <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Geoffrey O Davis</u>	13b. MOTHER'S MAIDEN NAME <u>A Lee Cook</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geoffrey O Davis</u>	ADDRESS <u>#19 George Court, Florissant</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Periat. Pulmonary Atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity, 30 wks gest.</u> DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4:00 am 11/3 1954 to 12:00 pm 11/3 1954, that I last saw the deceased alive on 11/3, 1954, and that death occurred at 12:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roy V. Baedeker M.D.</u>	23b. ADDRESS <u>953 N. Jay Lvr</u>	23c. DATE SIGNED <u>11/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/4/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Normandy Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/4/54</u>	REGISTRAR'S SIGNATURE <u>Heber K. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William S. ...</u>	ADDRESS <u>5765 ...</u>
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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.....

No Embalming

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph J. Muller*
Joseph J. Muller

Licensed Embalmer No.

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.