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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39693

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2394

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Rural: Copper Township</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANITORIUM</u>		d. STREET ADDRESS (If rural, give location) <u>1717 ALLEN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9, 1954</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>MARRIED</u>		8. DATE OF BIRTH <u>MAY 19 1889</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 1 HR.: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DRAUER SHOES</u>			11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>JOHN R. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>IANTHIA BABB</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH DAVIS</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>493-07-9645</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDITH DAVIS</u>		ADDRESS <u>1717 ALLEN</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) <u>left hemiplegia</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-vascular-arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>1 year</u> <u>4</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>151X</u> YES <input type="checkbox"/> NO <input 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) (Min.) _____			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 June 10, 1954 to Oct. 9, 1954, that I last saw the deceased alive on Oct. 9, 1954, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. H. Schaefer M.D.</u>		23b. ADDRESS <u>462 No. Taylor</u>		23c. DATE SIGNED <u>10/11/54</u>	
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24a. DATE <u>OCT. 13 1954</u>		24b. NAME OF CEMETERY OR CREMATORY <u>NEW PICKERS CEM.</u>		24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>10/12/54</u>		REGISTRAR'S SIGNATURE <u>Richard H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas ...</u>		ADDRESS <u>2906 ...</u>	
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(Licensed Embalmer - Statement on Reverse Side)

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
Student Embalmer

Signed

Prof. Budde

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

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.