

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43525**  
Registrar's No. **11725**

FILED JAN 18 1955

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11725</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY OR TOWN <b>Pinckneyville</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>rural route 81208</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) _____		c. (Last) <b>DAVIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-22-54</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Apr 21, 1903</b>	
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>coal miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>coal mines</b>		9. AGE (In years) If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. _____ Mins. _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Pinckneyville, Ill.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Ruth</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Davis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Davis, Pinckneyville, Ill.</b> ADDRESS _____			
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) <b>Brain Tumor</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>operation removal 12-22-54</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Large brain tumor with a cyst</b>				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? <b>STX</b>			
22. I hereby certify that I attended the deceased from <b>12-18, 1954</b> , to <b>12-22, 1954</b> , that I last saw the deceased alive on <b>12-22, 1954</b> , and that death occurred at <b>7:40 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Arthur H. Frost</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>1850. Kingsley Ave</b>		23c. DATE SIGNED <b>12-23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-22-54</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Pinckneyville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 24 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Pyatt F.H., Pinckneyville, Ill.</b> ADDRESS _____			

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

MS SEP 22 1959

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..... *Ronald O. Yehlik*

Licensed Embalmer No. *3917*

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.