

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44304**

No. 300

10-48

005

WITH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2919

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>NORMANDY</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>	c. CITY OR TOWN <u>BERKELEY</u> <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>Normandy Osteopathic Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>8228 Kathleen</u> <u>4001</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>18</u> <u>54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 25, 1918</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GRANITE CITY Steel Machine Shop Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Shop Foreman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>James M. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Osborne</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR 2</u>		16. SOCIAL SECURITY NO. <u>498-05-7830</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Violet Blawie</u> ADDRESS <u>7043 Claremore</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>Acute Yellow - Atrophy of Liver</u> ANTECEDENT CAUSES <u>Serum</u> 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. <u>Just returned due to divert. ulcer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION <u>12/14/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Divertical ulcer on posterior wall</u>				
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>580X</u>			
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) (Min.)		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>9/1</u> , 19 <u>54</u> , to <u>12/17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>54</u> , and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Carl Salerno</u> (Degree or title)			23b. ADDRESS <u>7320 Flournoy</u>		23c. DATE SIGNED <u>12/18/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILLS MEM. GARDENS -</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>12-20-54</u>		REGISTRAR'S SIGNATURE <u>Nesbert R. Domb, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Colvin Feutz</u> ADDRESS <u>4828 National Bldg. Bldg.</u>		

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.....
Signature of Student Embalmer

Signed..... *Ralph C. Anderson*

Licensed Embalmer No..... *42*

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.