

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH **1003**

State File No.

1008

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>1</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 town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>5</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 (If not in hospital or institution, give street address or location) <u>#709 South Skinker Blv'd.,</u>				e. STREET ADDRESS (If rural, give location) <u>#709 So. Skinker Blv'd., 2059 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>		b. (Middle) <u>ESPENSCHIED</u>		c. (Last) <u>DAVIS.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 2, 1955.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Sep't 17, 1883.</u>		9. AGE (In years last birthday) <u>71.</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hastings Minnesota.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Espenschied.</u>		13b. MOTHER'S MAIDEN NAME <u>Axa Gardner.</u>		14. NAME OF HUSBAND OR WIFE <u>Fred L. Davis, Sr.,</u>			
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 ADDRESS <u>Mrs Ruth D. Todd, 6347 Alexander Dr.,</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>Basaloid hyperplasia</u> <u>Cerebral Neuroblastoma</u> <u>Vascular hyperplasia</u> 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>Dec.</u> , 19 <u>36</u> , to <u>Sept</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec</u> , 19 <u>54</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE: <u>J.H. Alexander</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS: <u>4952 Maryland Ave. ST. Louis</u>		23c. DATE SIGNED: <u>Feb 2 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>		24b. DATE <u>2/3/55.</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Oak Grove Crematory.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>		
DATE REC'D BY LOCAL REG. <u>FEB 3 1955</u>		REGISTRAR'S SIGNATURE: <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blv'd.,</u>			

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

Dr Harry L. Alexander.
4952 Maryland Ave.,
FO: 1-2910
Hrs: 2 - 4.

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.....
Clarence H. Murray

Licensed Embalmer No. *401*

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.