

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

7079

State File No. \_\_\_\_\_

441

**FILED MAR 4 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo</u>	b. COUNTY <u>St. Louis</u>
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson</u>		c. CITY OR TOWN <u>Robertson</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>Y</u> No <u>N</u>
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 287 Gist Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Box 287 Gist Rd Rt. 2</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Anna</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Davis</u>	<u>Feb 16 1957</u>		

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>12-24-1880</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Tennessee</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>WILLIAM YATES</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNK</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Thomas Davis</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gertrude Roark Robertson, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7-9-56 to 2/16/57</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <u>Myocarditis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Hypertension</u> DUE TO (b) DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>443x</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-9-1956 to 2-11-1957, that I last saw the deceased alive on 2-11-1957, and that death occurred at 6 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. H. W. ... MD</u>	<b>23b. ADDRESS</b> <u>20047 Main St. St. Louis, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2/16/57</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-18-57</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Fee Fee Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-18-57</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. ...</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ortmann Funeral Home</u>	<b>ADDRESS</b> <u>9222 Lackland</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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Al. C. Osterman*.....

Licensed Embalmer No. *397*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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