

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

No. 300
10-48

FILED JUN 10 1957

State File No. **19645**
1344

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **590** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill		c. CITY OR TOWN Rock Hill	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 month		e. STREET ADDRESS (If rural, give location) 9328 Berry Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9328 Berry Ave.			

3. NAME OF DECEASED (Type or Print) MABEL	a. (First)	b. (Middle)	c. (Last) DAVISON	4. DATE OF DEATH (Month) (Day) (Year) May 26 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HRS. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Marionville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. Brashear	13b. MOTHER'S MAIDEN NAME Eunice Gray	14. NAME OF HUSBAND OR WIFE Charles A. Davison, Dec'd.
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Girardier	ADDRESS 9328 Berry Av., Rock Hill
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? 2 YES <input type="checkbox"/> NO <input checked="" 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) _____	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 **4-26, 1957**, to **5-26, 1957**, that I last saw the deceased alive on **5-26, 1957**, and that death occurred at **2:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent F. Townsend MD	23b. ADDRESS 3101⁹ Sutton Ave Maplewood, Mo	23c. DATE SIGNED 5-27-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/29/57	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 5-27-57	REGISTRAR'S SIGNATURE Herbert B. Dunkel	25. FUNERAL DIRECTOR'S SIGNATURE Louis A. Zappone	ADDRESS Richmond, Mo.
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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 *Francis J. Wyland Jr.*.....

Licensed Embalmer No. *4571*.....

P. O. Address *Kirkwood,*.....

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.