FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24078

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. — Length of stay in lb 1 wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN St. Louis 219 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 520 N. Vandeventer — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Walter Middle C. Last Davis

4. DATE OF DEATH Month Aug. Day 3 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 10, 1900
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months 0 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY Ink Manufacturer
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Fannie Milligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W.1 + W.W.2.
16. SOCIAL SECURITY NO. 489-22-2625
17. INFORMANT Mrs. Esther Davis, Address 520 Vandeventer St. Louis, Mo

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary sclerosis — several yrs.
DUE TO (c) Senility 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Previous attacks of angina past 3 yrs.

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 29, 1957 to Aug 3, 1957 and last saw him alive on Aug 3, 1957
Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] No 20
22b. ADDRESS Washington Mo
22c. DATE SIGNED Aug. 3, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 6, 1957
23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
23d. LOCATION (City, town or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR Vieburg & Vitt, Inc. L H Vitt — ADDRESS Washington, Mo
25. DATE RECD. BY LOCAL REG. 8/6/57
26. REGISTRAR'S SIGNATURE F. C. Stiefmann G. L. Stiefmann

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by Vern C. Vedder, Student Embalmer No. 53

working under my personal supervision.

Student Vern C. Vedder
Signature of Student Embalmer

Signed Lester H. Utt

Licensed Embalmer No. 32

P. O. Addre Washingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.