

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26767**
Registrar's No. **1658**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH
a. COUNTY **St. Louis, County**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
Clayton

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
38 St. Louis County Hospital

e. STREET ADDRESS (If rural, give location)
1382a Blackstone

3. NAME OF DECEASED (Type or Print)
a. (First) **Delores** b. (Middle) **Ann** c. (Last) **Davis**

4. DATE OF DEATH (Month) (Day) (Year)
6 - 28 - 57

5. SEX **Female**

6. COLOR (RACE) **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH **5-12-55**

9. AGE (In years last birthday) **2**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 18 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
At home

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis County, Mo.

12. CITIZEN OF WHAT COUNTRY?
Mo.

13a. FATHER'S NAME
George Davis

13b. MOTHER'S MAIDEN NAME
Kizzie Foster

14. NAME OF HUSBAND OR WIFE
None

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 ADDRESS
Herbert R. Domke 651 S. Brentwood

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **natural causes, mumps**

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.

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
089y

20. AUTOPSY?
YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Herbert R. Domke MD** (Degree or title)

23b. ADDRESS **651 S. Brentwood**

23c. DATE SIGNED **6-28-57**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **7-2-57**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **7-1-57**

REGISTRAR'S SIGNATURE **Herbert R. Domke**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Boyd Funeral Home 3704 Finney

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 *W. Claude Gordon*.....

Licensed Embalmer No. *2480*.....

P. O. Address *4575 Al*.....

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.