

Health,
Welfare
Public
Service

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29363
STATE FILE NUMBER
Registrars No. 7701

FILED SEP 4 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY <i>St. Louis - Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Poplar Bluff</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>40 Mo Pac Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>31 649 Lester Street.,</i>	
3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>Bustane</i> Last <i>Davis</i>		4. DATE OF DEATH Month <i>Aug.</i> Day <i>16</i> Year <i>1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 6, 1878</i>
9. AGE (In years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Dispatcher</i>	11. BIRTHPLACE (City and state or country) <i>Ironton, Missouri</i>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Herman Davis</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. G. G. Davis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT <i>George E. Davis, Ball Hill Road,</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic CA of Bladder</i> Jefferson City, Mo. DUE TO (b) <i>Carcinoma of Bladder</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>181x</i>	
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>July 15, 1957</i> to <i>Aug. 16, 1957</i> and last saw her alive on <i>Aug. 16, 1957</i> Death occurred at <i>11:05 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Leiland B. Roote M.D.</i>		22b. ADDRESS <i>4909 Lindenwood</i>	
22c. DATE SIGNED <i>8-17-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8-17-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Local</i>		23d. LOCATION (City, town, or county) (State) <i>Poplar Bluff, Missouri.</i>	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe, 4700 Washington Blvd.,</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 17 57</i>	
		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> <i>S.P.</i>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 19

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

J. W. Binkley

Licensed Embalmer No. 36
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.