

pt. Health,
, & Welfare
S. Public
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FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41892
STATE FILE NUMBER
11525
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CITY HOSP.		Length of stay in lb #1. 5 da.	d. STREET ADDRESS (If outside, give location) 2310 2429 So 2nd. Street
3. NAME OF DECEASED (Type or print) First OSCAR Middle C. Last DAVIS		4. DATE OF DEATH Month NOV. Day 30, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 7, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 65
13a. FATHER'S NAME Frank Davis		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) Cantwell, Missouri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes NW # 1		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT Lillie Davis		14. NAME OF HUSBAND OR WIFE Lillie Strickland Davis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA WITH ABSCESS of LUNG			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491x			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <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 11/24/57 to 11/30/57 and last saw her/him alive on 11/30/57 Death occurred at 1:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Albert E. Kozlowski M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 11/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 2, 1957	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR'S ADDRESS C. Horneister Mortuaries 7814 So. Broadway St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. DEC 2 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embelmer's Statement on Reverse Side)

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 *Linus C. Hoffmann*

Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broad*

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.