Health, & Welfare Public Service

. 300
1-57

0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2800

FILED FEB 6 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1033

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST LOUIS — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 25 ST LOUIS CITY HOSP #1 — Length of stay in 1b: 58 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
29 STREET ADDRESS (If outside, give location): 4225 RANDALL — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: DELIA — Middle: — Last: DAVIS

4. DATE OF DEATH: Month 1 — Day 26 — Year 58

5. SEX: F. 1

6. COLOR OR RACE: W.

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: JAN. 28, 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 11 Days 28 — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): NEW ALBANY, IND. 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY KAHL

13b. MOTHER'S MAIDEN NAME: UNK.

14. NAME OF HUSBAND OR WIFE: ALONZO DAVIS (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. CLARA COLLIER — Address: 1410 FARRAGUT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

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 - UNKNOWN ORGANISM — INTERVAL BETWEEN ONSET AND DEATH: ONE WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): GENERALIZED ARTERIOSCLEROSIS

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 491x

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 1/24/58 to 1/26/58 and last saw her/him alive on 1/26/58. Death occurred at 6:35 P.M. P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Daniel I. Mullally M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 1/27/58.

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 1-29-58

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM.

23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY MO.

24. FUNERAL DIRECTOR — ADDRESS: SUEDMEYER & SONS 3934 N. 20TH

25. DATE RECD. BY LOCAL REG.: JAN 28 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer'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 Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address St. Louis Mo.

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.