

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022754
STATE FILE NUMBER

FILED JUN 20 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>North</i>		c. CITY OR TOWN <i>North</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Memorial</i>		d. STREET ADDRESS <i>6 mi. N.W. North MO</i>	

3. NAME OF DECEASED (Type or print) <i>Freddie Lee Davis</i>			4. DATE OF DEATH Month <i>6</i> Day <i>10</i> Year <i>58</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</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>6-26-1929</i>	9. AGE (In years last birthday) <i>28</i>	IF UNDER 1 YEAR Month <i>11</i> Day <i>14</i>	IF UNDER 24 HRS. Hour <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>doctor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Cotton Farm</i>	11. BIRTHPLACE (City and state or country) <i>Malden MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13. FATHER'S NAME <i>Sam Davis</i>	14. MOTHER'S MAIDEN NAME <i>Hattie May Williams</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT <i>Leslie M. Davis</i> Address <i>North - MO</i>
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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>Unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i></i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i></i>	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
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21. I attended the deceased from <i>6/9/58</i> to <i>6/10/58</i> and last saw him alive on <i>6/9/58</i> Death occurred at <i>5:20</i> A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>John K. Schubert M.D.</i>	22b. ADDRESS <i>North MO</i>	22c. DATE SIGNED <i>6/10/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-10-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. John</i>	23d. LOCATION (City, town, or county) (State) <i>Parceola MO</i>
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24. FUNERAL DIRECTOR <i>J. Smith</i> ADDRESS <i>North MO</i>	25. DATE RECD. BY LOCAL REG. <i>6-11-58</i>	26. REGISTRAR'S SIGNATURE <i>John W. Gorman</i>
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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. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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6-172-58

JUN 18 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.