

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026876
State File No.

FILED JUL 21 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 6411

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 2 HRS.	c. CITY OR TOWN FLORISSANT Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 23 ST. JOHN'S HOSPITAL			e. STREET ADDRESS (If rural, give location) 27 19 ST. GEORGE CT.		
3. NAME OF DECEASED (Type or Print) a. (First)		b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JUNE 24, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JUNE 24, 1958	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Mins. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME GEOFFREY O. DAVIS			13b. MOTHER'S MAIDEN NAME ADDIE LEE COOK		14. NAME OF HUSBAND OR WIFE
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 GEOFFREY O. DAVIS, FLORISSANT, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Prematurity (26 wks)			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 776x			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from June 24, 1958, to June 24, 1958, that I last saw the deceased alive on June 24, 1958, and that death occurred at 4:30 A.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Carol Neuberger, M.D.			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED June 25, 1958
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY SACRED HEART		24d. LOCATION (City, town, or county) (State) FLORISSANT Mo.	
DATE REC'D BY LOCAL REG. JUN 25 58	REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene A. Hutchins, FLORISSANT, 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 *Gene A. Hutchins*.....

Licensed Embalmer No. 496.....

P. O. Address *FLOREISSA*.....

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.