

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027421
STATE FILE NUMBER

ED VS JUL 21 1959

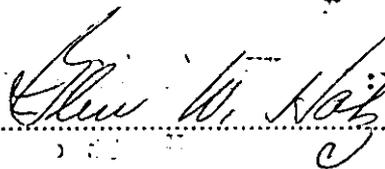
Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1694

1. PLACE OF DEATH COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Woodson Terrace
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. County Hosp		Length of stay in 1b D.O.A.	d. STREET OR ADDRESS 4243 Calvert Avenue
3. NAME OF DECEASED (Last name or print) Walter		First Wilson	Last Davenport
4. DATE OF DEATH June 23 1959		Month June	Day 23
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 Aug. 25, 1930		9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft Co	11. BIRTHPLACE (City and state or country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME Bernadine Springer	
14. NAME OF HUSBAND OR WIFE Patsy Ann Davenport		15. DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Patsy Ann Davenport, 4243 Calvert Av	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____ DUE TO (c) _____			9140
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input checked="" 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.) Accidental electrocution while attempting to repair	
21. TIME OF INJURY Hour Month, Day, Year 7:29 p.m. 6/23/59		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) attic of residence	
21c. CITY, TOWN, OR LOCATION Normandy		21d. COUNTY STATE St. Louis Missouri	
I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond Hermann</i> (Degree or title) 3 Coroner		22b. ADDRESS Clayton, Mo.	
22c. DATE SIGNED 6/30/59		23. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
23a. DATE June 26, 1959		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. GENERAL DIRECTOR John C. Hermann & Son, Inc., 2161 E. Fair Av		25. DATE RECD. BY LOCAL REG. 6-24-59	
26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>			

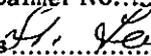
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
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.