

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

REG# 120071-C# 9 650 994

60-009370

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 314

STATE FILE NUMBER

FILED

VS FEB 24 1960

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>JEFFERSON BARRACKS, 25, MO.</b>                |  | Length of stay in 1b<br><b>840 Days</b>   | c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b> |  | Inside Limits<br><input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>4139A LACLEDE,</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>WALTER</b> Middle <b>H.</b> Last <b>DAVIDSON</b> |  |  | 4. DATE OF DEATH<br>Month <b>JANUARY</b> Day <b>28,</b> Year <b>1960</b> |  |  |
|--|--|--|--|--|--|

|                       |                                  |   |                                     |                                     |   |                              |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-16-16</b> | 9. AGE (last birthday)<br><b>43</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|------------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>UNEMPLOYED-STEEL WORKER</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>STEEL WAREHOUSE</b> | 11. BIRTHPLACE (City and state or country)<br><b>MACOMB, ILLINOIS</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|---|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>LEE R. DAVIDSON</b> | 13b. MOTHER'S MAIDEN NAME<br><b>ANNA REARDON</b> | 14. NAME OF HUSBAND OR WIFE<br><b>DIVORCED</b> |
|--|--|--|

|  |   |   |
|--|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW-II</b> | 16. SOCIAL SECURITY NO.<br><b>510-12-5368</b> | 17. INFORMANT<br><b>MRS. ANNA CANKI (Mother)</b> Address <b>422 W. 6th St. Joplin, Missouri</b> |
|--|---|---|

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 Months</b> |
| 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)<br><b>Duodenal Ulcer, Anemia due to Acute loss of blood, Rheumatoid Arthritis</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____ |
|---|

|  |  |   |        |       |
|--|--|---|--------|-------|
| 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<br><b>VA</b> | COUNTY | STATE |
|--|--|---|--------|-------|

|   |
|---|
| 21. attended the deceased from <b>10-10-57</b> to <b>1-28-60</b><br>Death occurred at <b>4:35 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
|---|

|   |              |                                    |
|---|--------------|------------------------------------|
| 22a. SIGNATURE<br><b>W. OPPLER, M.D., Director, Professional Services, VET ADM HOSP, JEFF BRKS, MO.</b> | 22b. ADDRESS | 22c. DATE SIGNED<br><b>1-28-60</b> |
|---|--------------|------------------------------------|

|  |                            |   |  |
|--|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>2/1/60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Natl. Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Jeff. Bks. Mo.</b> |
|--|----------------------------|---|--|

|   |  |   |
|---|--|---|
| 24. FUNERAL DIRECTOR<br><b>Edw. Fendler Mortuary 5611 So. Grand</b> | 25. DATE RECD. BY LOCAL REG.<br><b>1-29-60</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
|---|--|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. A. Humphreys*

Licensed Embalmer No. 477

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.