

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015858
STATE FILE NUMBER

AMENDED

Filed APR 17 1961 Primary Registration District No. 544 Registrar's No. 979

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		Length of stay in lb 4 DAYS		c. CITY OR TOWN LADUE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 32 MID PARK LANE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle J. Last DAVIS				4. DATE OF DEATH Month APRIL Day 9 Year 1961									
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 7/11/92		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 8 Days 28		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY LITHOGRAPH OPER				11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME MICHAEL				13b. MOTHER'S MAIDEN NAME NORA SULLIVAN				14. NAME OF HUSBAND OR WIFE MARY EDNA MAUDE DAVIS					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I						17. INFORMANT Address MRS. John J. DAVIS 32 MID PARK LA. LADUE							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of bladder & metastasis										INTERVAL BETWEEN ONSET AND DEATH 2 yrs?			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		Hour _____		Month, Day, Year _____									
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			
21. I attended the deceased from 8-10-59 to Apr 9-61 and last saw him alive on Apr 5-61 Death occurred at 11:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Karl L. Kessler M.D.						22b. ADDRESS 1139 Bellvue Ave				22c. DATE SIGNED Apr 10-61			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4/12/61		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY				23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.					
24. FUNERAL DIRECTOR ADDRESS Louis H. Papp, Inc. 131 W ARGONNE KIRKWOOD, MO.				25. DATE RECD. BY LOCAL REG. 4-10-61		26. REGISTRAR'S SIGNATURE John P. Murphy M.D.							

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Kirkwood, 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.