

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043114

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3287

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 10 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Kirkwood Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 12860 Big Bend Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH LUCILLE DAVIS
 4. DATE OF DEATH Month Day Year November 19, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/22/1883 9. AGE (last birthday) 78
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Whatcher, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John C. Jackson 13b. MOTHER'S MAIDEN NAME Sonora Hartman 14. NAME OF HUSBAND OR WIFE Charles B. Davis D'ced 3/3/43

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 Address Mrs. John M. Flesche 36 Orchard Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinomatosis
 DUE TO (b) Carcinomatosis
 DUE TO (c) Carcinoma uterus
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 4/18/61 to Nov. 19, 1961 and last saw her alive on Nov. 19, 1961
 Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles C. Drueger, M.D. 22b. ADDRESS 19 E. Lockwood Webster Groves 22c. DATE SIGNED 11/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Nov. 21, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivette Cemetery 23d. LOCATION (City, town, or county) (State) Hannibal, Missouri

24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary 6633 Clayton Road 25. DATE RECD. BY LOCAL REG. 11-21-61 26. REGISTRAR'S SIGNATURE John B. Mangum

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 *Frank J. Hammer*

Licensed Embalmer No. 4788

P. O. Address *St. Louis, 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.