

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5013-62-020318  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5013**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 31 1962**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>40 yrs</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1812 N. Jefferson Ave</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5983 Lotus</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ROBERT DAVIS, SR</b>			4. DATE OF DEATH Month <b>May</b> Day <b>14</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Abt. 1908</b>
9. AGE (last birthday) <b>Abt. 54</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building Trade.</b>	11. BIRTHPLACE (City and state or country) <b>Forest City, Ark</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S A</b>		13a. FATHER'S NAME <b>Andrew Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy (unk)</b>
14. NAME OF HUSBAND OR WIFE <b>Carrie Davis</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk</b>
17. INFORMANT <b>Cleveland, Ohio</b>		17. INFORMANT <b>Robert Davis, Jr., 2252 E. 43rd</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>420.1</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			INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m. _____	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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Helen L. Taylor, Coroner</b>		22b. ADDRESS <b>1300 Clark Ave</b>	22c. DATE SIGNED <b>5-17-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/19/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo</b>
24. FUNERAL DIRECTOR <b>R. M. C.</b> ADDRESS <b>Green Funeral Home, 4060 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 17 1962</b>	26. REGISTRAR'S SIGNATURE <b>Lois Smith, M.D.</b>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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STATE OF MISSOURI

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

No. \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Manner of Death \_\_\_\_\_

Age at Death \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Usual Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Name of Informant \_\_\_\_\_

Relationship of Informant \_\_\_\_\_

Signature of Informant \_\_\_\_\_

Date of Statement \_\_\_\_\_

**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 Melvin E. Green  
 Licensed Embalmer No. 4428  
 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.