

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048270  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12083**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED DEC 21 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis Missouri</b>		a. STATE <b>Missouri</b> COUNTY <b>ST. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis Missouri</b>		c. CITY OR TOWN <b>Bissell Hills Missouri</b>	
Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>168103 Bagnell Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardinal Glennon Hospital For Children</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>Scheri Marene Davis</b>			4. DATE OF DEATH Month Day Year <b>December 15, 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-12-57</b>
9. AGE (last Birthday) <b>5 yrs</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>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Raymond J</b>		13b. MOTHER'S MAIDEN NAME <b>Shirley J (Lamm)</b>	14. NAME OF HUSBAND OR WIFE
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>None</b>	17. INFORMANT <b>Raymond J. Davis</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		Address <b>681 Bagnell</b>	
IMMEDIATE CAUSE (a) <b>CONGENITAL CYANOTIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
DUE TO (b) <b>VENTRICULAR SEPTAL DEFECT, AND</b>		<b>5 yrs</b>	
DUE TO (c) <b>PULMONARY STENOSIS</b>		<b>5 yrs</b>	
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. <b>754.2</b> <input type="checkbox"/> Yes <input checked="" 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 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 <b>12-10-62</b> to <b>12-15-62</b> and last saw her/him alive on <b>12-15-62</b>		Death occurred at <b>130 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Richard K Davis</b> (Degree or title)		22b. ADDRESS <b>CGCH, ST LOUIS</b>	22c. DATE SIGNED <b>12-15</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-18-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis Co Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>O'SULLIVAN-MUCKLE-KRON MORTUARY</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 17 1962</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

1927: 3076 (22.11)

**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,

res. by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lawrence O. Gehring*

Licensed Embalmer No. 4979

P. O. Address Berkeley, 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.