

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6719
State File No. _____

318

1003

1936

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Mad</u>			
b. CITY (If outside corporate limits, write RURAL, and give town or township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>9 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		17 7 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>5212 Enright</u>			
3. NAME OF DECEASED (Type or Print) <u>ANNIE</u>			a. (First)	b. (Middle)	c. (Last) <u>STATEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-1-1857</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Pike County Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jonathan Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Parson</u>			14. NAME OF HUSBAND OR WIFE <u>George</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kulala Wellsville Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis 1947 #</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES		DUE TO (b) <u>Cerebral vascular episodes</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>recurrent since 1946</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May, 1948</u> , to <u>2-25, 1949</u> that I last saw the deceased alive on <u>2-25, 1949</u> , and that death occurred at <u>9:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Palmer Praine Bowlich, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>City Infirmary</u>		23c. DATE SIGNED <u>2-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 1 1949 J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>Rowland Mortuary Service</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1936

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
Student Embalmer

Signed *J. Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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 this body is not embalmed, fact should be so stated above.