

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9937
State File No.
2567
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9937 2567	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		12
d. FULL NAME OF HOSPITAL OR INSTITUTION 1519 N. Pendleton Ave.			d. STREET ADDRESS (If rural, give location) 1519 N. Pendleton Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) Bertie		b. (Middle)	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) 3/18/49	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH About 1867	9. AGE (In years last birthday) Abt. 81	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Troy, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Ezekiel Hutt		13b. MOTHER'S MAIDEN NAME Laura Unknown		14. NAME OF HUSBAND OR WIFE Isaac
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Courtney Davis		ADDRESS 916 Marcus Avenue	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	331X				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 12 - 1948 , to 3 - 1949 , that I last saw the deceased alive on 3-18-1949 , and that death occurred at 3 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arad S. McClellan		23b. ADDRESS 24. S. 4200s Easton Ave		23c. DATE SIGNED 3-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/23/1949	24c. NAME OF CEMETERY OR CREMATORY Gr... Cemetery	24d. LOCATION (City, town, or county) (State) St. Troy Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 22 1949 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue			

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

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 John K. Cunningham.....

Licensed Embalmer No. 4476.....

P. O. Address 4107 Finney.....

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.