

9938

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2103

No. 300

10.48

FILED MAR 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

|  |                               |  |   |  |  |
|--|-------------------------------|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mo.</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |                               | c. LENGTH OF STAY (In this place) <u>1</u>   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address, location) HOSPITAL OR INSTITUTION <u>Salvation Army-1427 Locust</u>   |                               |  | d. STREET ADDRESS (If rural, give location) <u>1427 Locust St.</u>  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>George</u>  |                               | b. (Middle) <u>-</u>   | c. (Last) <u>Davis</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 1949</u>                  |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>  |   | 8. DATE OF BIRTH <u>Oct. 12, 1893</u>  | 9. AGE (In years last birthday) <u>55</u>                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>Mt. Ayr, Iowa</u>                     |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                               | 13a. FATHER'S NAME <u>Thomas Davis</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Anna Reynolds</u>                                     |  |
| 14. NAME OF HUSBAND OR WIFE <u>Nora Neal Davis</u>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>  |   | 16. SOCIAL SECURITY NO. <u>405-22-5281</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mjr. Wm. Jobe - 1427 Locust St.</u>   |                               | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES _____<br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS _____<br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>47201</u>  |   | 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)                                    |  |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30P</u> m., from the causes and on the date stated above. |                               |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Patrick C Taylor Coroner</u>   |                               |  | 23b. ADDRESS <u>1300 Clark</u>  |  | 23c. DATE SIGNED <u>3-7-49</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |                               | 24b. DATE <u>3/8/49</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
| DATE REC'D BY LOCAL <u>MAR 7 1949</u>  |                               | REGISTRAR'S SIGNATURE <u>J. B. Luster</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral - 1905 Union Blvd.</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

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.