

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20939  
State File No. 3113

318

1003

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 Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 6022 Clemens Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6022 Clemens Avenue				d. STREET ADDRESS 6022 Clemens Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Henry			c. (Last) Davis			
4. DATE OF DEATH (Month) (Day) (Year) June 11, 1949		5. SEX M. O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W.		8. DATE OF BIRTH April 18, 1859	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mapleview, N. Y.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John B. Davis			13b. MOTHER'S MAIDEN NAME Caroline Kelly			14. NAME OF HUSBAND OR WIFE Emma Hartson Davis, Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Peckham				ADDRESS 6022 Clemens	
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) <u>Rt. Lower Lobar Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage (2x)</u>				(6 mo)	
				DUE TO (c) <u>Uremia</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>				10 days	
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)		108			
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 490 X					
22. I hereby certify that I attended the deceased from Nov., 1948, to 6/11, 1949, that I last saw the deceased alive on 6/10, 1949, and that death occurred at 8:35 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John W. Peckham, M.D.				23b. ADDRESS Koch Hoop, Koch, Mo.				23c. DATE SIGNED 6/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE June 13, 1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Pulaski, N. York			
DATE REC'D BY LOCAL REG. JUN 13 1949		REGISTRAR'S SIGNATURE J. B. Sasater			25. FUNERAL DIRECTOR'S SIGNATURE Alexander S. Sours				

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

*Joseph E. McCulloch*

Licensed Embalmer No. 2768

P. O. Address 6175 Delmar

**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.