

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21459

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. 1003 Registrar's No. 5513

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 2518a St. Louis Ave.	

3. NAME OF DECEASED (Type or Print) Margaret Davis			4. DATE OF DEATH June 24, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 28, 1870 -	9. AGE (In years last birthday) 79	
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) Foster's Falls, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Browne	13b. MOTHER'S MAIDEN NAME Sarah Lockett	14. NAME OF HUSBAND OR WIFE Emmett M. Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Davis, 4205 Dressel

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL DAMAGE - (CONDUCTION DEFECT - BUNDLE BRANCH BLOCK) ARTERIOSCLEROSIS, GENERALIZED		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H33.0

22. I hereby certify that I attended the deceased from June, 1948, to June 23, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harold Freedman M.D.	(Degree or title) D	23b. ADDRESS 634 No. Grand Blvd.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-25-50	24c. NAME OF CEMETERY OR CREMATORY Leadwood	24d. LOCATION (City, town, or county) (State) Leadwood, Mo.

DATE REC'D BY LOCAL REG. UN 25 1950	REGISTRAR'S SIGNATURE J. B. L...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Stuart A Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.