

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28113
State File No. _____
Registrar's No. 7130

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2169</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>4112 A. Juniata St</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>En Route to Missouri-Pacific Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Burt</u> b. (Middle) <u>Cowles</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-21-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>3-4-1881</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>	11. BIRTHPLACE (State or foreign country) <u>New York</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Orin Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Cowles</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>489-07-4557</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice B. Davis</u>	ADDRESS <u>4112 A. Juniata St</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u> <u>2 yrs?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial Sclerosis</u>		
	DUE TO (c) <u>Chronic Hypertensive Myocarditis</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 checked="" type="checkbox"/>
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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)
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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? <u>1331X</u>
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22. I hereby certify that I attended the deceased from Aug 21, 1950, to Aug 21, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Thompson M.D.</u>	(Degree or title)	23b. ADDRESS <u>2606 Travis St. Louis, Mo</u>	23c. DATE SIGNED <u>8-22-50.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>7123 Gravois Ave Mo</u>
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DATE REC'D BY LOCAL REG. <u>AUG 22 1950</u>	REGISTRAR'S SIGNATURE <u>J. P. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegler Bros.</u>	ADDRESS <u>6409 Gravois Ave</u>
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3068 Gravois 1 to 3
 Dr. Ralph Thompson M.D.
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Em

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

Henry M. Brammer

Licensed Embalmer No.

4200

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.