

JAN 2 1951

STANDARD STATEMENT OF DEATH

12152 State File No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 10768

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. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2/99</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4010 Olive</u>		d. STREET ADDRESS (If rural, give location) <u>19 4010 Olive</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>George</u>	b. (Middle) <u>Mason</u>	c. (Last) <u>Davis</u>	(Month) <u>12</u>	(Day) <u>16</u>	(Year) <u>1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify)	8. DATE OF BIRTH <u>about 76</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	

13a. FATHER'S NAME <u>Francis Davis</u>	13b. MOTHER'S MAIDEN NAME <u>America Kittlepage</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elip Davis</u>	ADDRESS <u>New Haven Ill</u>
---	-------------------------	--	---------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> 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 (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? <u>H2O1</u>

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 1240 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Ziemer</u>	(Degree or title) <u>Deputy Registrar</u>	23b. ADDRESS <u>4300 Clark</u>	23c. DATE SIGNED <u>12/18/50</u>
---	--	-----------------------------------	-------------------------------------

24a. BURIAL: CREMATION, REMOVAL (Specify)	24b. DATE <u>12-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>White County Illinois</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>DEC 18 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	ADDRESS
--	--	---	---------

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by any

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Howard R Rowland

Signed.....

Student Embalmer

Licensed Embalmer No. 3114

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.