

No. 30
10, 48

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43078

4002
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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3041

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) 57	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
		d. STREET ADDRESS (If rural, give location) 930 Elmout Lane	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) L. c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) 12 - 15 - 50		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 4, 1913	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR Months 1 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work; done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
13a. FATHER'S NAME Frank L. Davis, Sr.		13b. MOTHER'S MAIDEN NAME Bessie Bates		14. NAME OF HUSBAND OR WIFE Eleanor Olsen Davis	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War #2	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eleanor O. Davis, 930 Elmout Lane			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		
	DUE TO (c) Arteriosclerotic Cardiovascular D. nervous stress in her later contributory cause		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Visceral Congestion		8 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 4/20/01
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?

22. I hereby certify that I attended the deceased from July 1, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 11:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Ernest Jensen M.D.	(Degree or title)	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 17 Dec 50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-18-50	24c. NAME OF CEMETERY OR CREMATORY National Cem. J.B.K.S.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 12/17/50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons - 7233 Delmar Blv'd.
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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.....
Melvin L. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. *4052*

P. O. Address *St Louis, Mo.*

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.