

No. 300
10-48

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **48117**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3002

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY OR TOWN RICHMOND HEIGHTS
 c. LENGTH OF STAY (in this place) years
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Richmond Heights
 d. STREET ADDRESS 7577 Warner Avenue

3. NAME OF DECEASED
 a. (First) ALBERT b. (Middle) STANLEY c. (Last) DAVIS.

4. DATE OF DEATH (Month) (Day) (Year)
DEC. 11 1950

5. SEX
Male 0

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Jan. 14, 1881.

9. AGE (In years last birthday)
69

10. F UNDER 1 YEAR (Months) (Days) (Hour) (Min.)
10 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineer

10b. KIND OF BUSINESS OR INDUSTRY
Gas & Oil Equipment

11. BIRTHPLACE (State or foreign country)
Nashville, Tennessee

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
unk Davis

13b. MOTHER'S MAIDEN NAME
Lucrecia Ann Smith

14. NAME OF HUSBAND, OR WIFE
Jennie Mai Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Jinnie M. Davis, 7577 Warner Avenue

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Rt.)
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertensive CVR disease
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus, mild

INTERVAL BETWEEN ONSET AND DEATH
24 hrs.
30
Uncertain

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
none

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
443 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1945, to Dec. 11, 1950, that I last saw the deceased alive on Dec. 11, 1950, and that death occurred at 7:30P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Henry J. Oppenheimer, M.D.

23b. ADDRESS
508 N. Grand Blvd., St. Louis 37, Mo.

23c. DATE SIGNED
Dec. 12, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
12-14-50

24c. NAME OF CEMETERY OR CREMATORY
Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis County, Mo.

DATE REC'D BY LOCAL REG.
12/12/50

REGISTRAR'S SIGNATURE
Herbert P. Tomke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
C.R. Lupton & Sons, 7233 Delmar Blvd

1005
WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7/11/10

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.