

FILED JAN 17 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43858
Registrar's No. 3195

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>Webster Groves Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>7</u>		d. STREET ADDRESS (If rural, give location) <u>540 HOLLAND AVE</u> <u>4591</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>540 HOLLAND AV.</u>			

3. NAME OF DECEASED a. (First) <u>MICHAEL</u> b. (Middle) <u>OTIS</u> c. (Last) <u>Davenport</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec</u> <u>31</u> <u>1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	
8. DATE OF BIRTH <u>April 7 1944</u>		9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>CLAYTON Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>None</u>	

13a. FATHER'S NAME <u>Laker Davenport</u>		13b. MOTHER'S MAIDEN NAME <u>Camilla Bush</u>		14. NAME OF HUSBAND OR WIFE <u>Camilla Davenport</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Camilla Davenport</u>	
				ADDRESS <u>540 Holland</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Third Degree Burns suffered when home burned</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Feb 9/1950</u> <u>14</u>	
		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 <u>916.2</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 31, 1950</u> <u>3:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fire in home</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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Willman</u>		3. (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>1/2/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FATHER-DICKSON</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>			

DATE REC'D BY LOCAL REG. <u>1/2/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Gaudin</u>	
				ADDRESS <u>730 Eldridge</u>	

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

4007

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 _____

Headae J. Chindee

Signed.....
Student Embalmer

Licensed Embalmer No. *14343*

P. O. Address *130 Eldridge*
Palmer Station

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.