

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10001

State File No. ....

2002

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY							
b. CITY OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>2189</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>3711 Chouteau</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>			b. (Middle)			c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>7-17-1879</u>		9. AGE (In years last birthday) <u>71-7-8</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jackson County, Ill</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jason Watkins</u>				13b. MOTHER'S MAIDEN NAME <u>Sadie</u>				14. NAME OF HUSBAND OR WIFE <u>Emory</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Noah Davis 3711 Chouteau</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 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 Sclerosis</u>  DUE TO (c) <u>Arterio sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)							
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>A-201</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 <u>9:54 a. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Raymond M. Perczy</u> (Degree or title)				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>2/26/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Percy</u>		24d. LOCATION (City, town, or county) (State) <u>Sparte Ill</u>					
DATE REC'D BY LOCAL OFF. <u>MAR 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Farator</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roxland Mortuary Ave Inc 4104 Manchester</u>					

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

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**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

*Ronald A. Yehink*

Licensed Embalmer No. *3917*

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.