

V. S. No. 3007  
REV. 10-48

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10842

State File No. ....

400

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>646</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</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 OR TOWN <u>UNIVERSITY CITY</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>UNIVERSITY CITY</u>		4324			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1135 81<sup>ST</sup> STR.</u>				d. STREET ADDRESS (If rural, give location) <u>1135 81<sup>ST</sup> STR. 0</u>					
3. NAME OF DECEASED (Type or Print) <u>DAISY M. HASTINGS</u>			a. (First) <u>M.</u> b. (Middle) <u>HASTINGS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 13-1951</u>			
5. SEX <u>1</u> <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 14-1900</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>W. M. GERVEZ</u>			13b. MOTHER'S MAIDEN NAME <u>HANNAH McHALISTER</u>			14. NAME OF HUSBAND OR WIFE <u>RUSSELL J. HASTINGS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Hastings - 1135 81<sup>ST</sup> STR. C.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</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.				INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		7955			
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?					
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>Herbert P. Donke</u> (Degree or title)				23b. ADDRESS <u>651 Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>3-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MCH. 14-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/13/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MULLEN UND Co., 5165 Delmar Bl.</u>					

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.....

*J. Allen Davis Jr*

Signed.....

Student Embalmer

Licensed Embalmer No. *4953*

P. O. Address *Schavis*

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.