

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29083

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3003

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) OR TOWN BADEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BADEN 4010	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 10011 Imperial Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10011 Imperial Dr.		d. STREET ADDRESS (If rural, give location) 10011 Imperial Dr.	

3. NAME OF DECEASED (Type or Print) Anna Davis			4. DATE OF DEATH (Month) (Day) (Year) 8 - 26 - 1951		
5. SEX Fem	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 11 - 16 - 1881		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Lane		13b. MOTHER'S MAIDEN NAME Martha Gray		14. NAME OF HUSBAND OR WIFE Irvin Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olive Wolverton 10011 Imperial Dr. St. Louis	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Arteriosclerosis			6 days
DUE TO (c) arteriosclerotic heart disease					16 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200					3 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		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)	
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 **March, 1949**, to **8-26, 1951**, that I last saw the deceased alive on **8-25, 1951** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. H. Johnson M.D. (Degree or title)		23b. ADDRESS Ferguson MO		23c. DATE SIGNED 8-27-51	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 8-29-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			

DATE REC'D BY LOCAL REG. 8-28-51		REGISTRAR'S SIGNATURE Robert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE 2501 ... McLaughlin Funeral Home, Inc. St. Louis, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10-48

2000

FILED SEP 7 1951

Dr. Mitchell Johnson
40 N. Florsheim Rd.
7-9 P.M.

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 _____

L. R. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.