

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34960

318

1003

Registrar's No. 8858

|   |   |   |  |  |   |  |   |
|---|---|---|--|--|---|--|---|
| BIRTH NO. _____   |   | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |   | Registrar's No. _____  |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |   |  |   |
| b. CITY OR TOWN <u>St. Louis</u>  |   | c. LENGTH OF STAY (In this place) <u>Life</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2239</u>                                 |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2324 Lafayette Ave</u>   |   |   |  | STREET ADDRESS (If rural, give location) <u>2324 Lafayette Avenue</u>  |   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CAROLINE</u>   |   | b. (Middle) <u>A.</u>   |  | c. (Last) <u>DAVIS</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>October 5 1951</u> |   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>   |  | 8. DATE OF BIRTH <u>2-10-1875</u>  |   | 9. AGE (In years last birthday) <u>76</u>                      | IF UNDER 1 YEAR Months _____ Days _____ |
| IF UNDER 1 YEAR Hours _____ Min. _____  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>             |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>     |  | 12. CITIZEN OF WHAT COUNTRY? _____      |
| 13a. FATHER'S NAME <u>Charles Stutz</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Arnold</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Albert C.</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<br><u>Clara Stutz 2324 Lafayette</u>   |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FEMICIOUS ANEMIA</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Diabetes</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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>2nd X</u>  |   |  |   |
| 22. I hereby certify that I attended the deceased from <u>April 25, 1951</u> to <u>10-4, 1951</u> , that I last saw the deceased alive on <u>10/1</u> , 19 <u>51</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above. |   |   |  |  |   |  |   |
| 23a. SIGNATURE <u>John Buschman M.D.</u> (Degree or title)  |   |   |  | 23b. ADDRESS <u>1125 N. Webster St. St. Louis</u>  |   | 23c. DATE SIGNED <u>10/6/51</u>                                |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>  |   | 24b. DATE <u>10-8-51</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> |  |   |
| DATE REC'D. BY LOCAL REG. <u>10/8/51</u>  |   | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>McLaughlin 2301 Lafayette</u>   |   |  |   |

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

**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

*F. G. Farris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3354*

P. O. Address *2301 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.