

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40085

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3599

1003  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>Kirkwood</u>	c. LENGTH OF STAY (In this place) <u>45 yrs - 3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>16 OR TOWN Clayton</u> <u>4462</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>544 E Adams</u>		d. STREET ADDRESS (If rural, give location) <u>7560 Byron</u> <u>/</u>	

3. NAME OF DECEASED (Type or Print) <u>Kathryn</u>	a. (First)	b. (Middle) <u>Anne</u>	c. (Last) <u>Israel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1881</u>	9. AGE (In years last birthday) <u>70yrs</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Giliad, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jerome Wallace Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Hull</u>	14. NAME OF HUSBAND OR WIFE <u>Clyde L. Israel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Israel</u>	ADDRESS <u>59 Fair Oaks</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis &amp; Infarcti</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) <u>Arterial Hypertension</u>		<u>3 years</u> <u>10 years</u> <u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 11, 1946, to Nov. 4, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at about 2.9 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hiram L. Lizzett</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washington Blvd</u>	23c. DATE SIGNED <u>11/5/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-5-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Alexander &amp; Sons</u>	ADDRESS <u>6175 Delmar</u>
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Dr Hiram Liggett  
3720 Wash  
Je 1331  
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6170 Dillman

**Notes:** 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.