

FILED FEB 8 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 0361		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 14 days		9. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley		4091		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri-Pacific Hospital				d. STREET ADDRESS (If rural, give location) 5230 Ruth Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Pryce c. (Last) Davies			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. RR Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William T. Davies			13b. MOTHER'S MAIDEN NAME Alice Elford		14. NAME OF HUSBAND OR WIFE Ruth Davies			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Davies ADDRESS 5230 Ruth Ave.				
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) MITRAL STENOSIS, CONGESTIVE HEART FAILURE 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 ADENO CARCINOMA OF RECTUM					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
19a. DATE OF OPERATION 1/2/52		19b. MAJOR FINDINGS OF OPERATION ADENO CARCINOMA OF RECTUM				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? 154X						
22. I hereby certify that I attended the deceased from 12/15, 1951 , to 1/11, 1952 , that I last saw the deceased alive on 1/11, 1952 , and that death occurred at 2:25 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or Title) Ruth Davies				23b. ADDRESS 1504 So. Grand		23c. DATE SIGNED 1/13/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.		24d. LOCATION (City, town, or county) (State) Washington, Missouri		
DATE REC'D BY LOCAL REG. Jan 14 1952		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Missouri.				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis, Mo

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.