

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14182

State File No.

3109

FILED APR 25, 1952

BIRTH NO. 24084

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY —		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3941 Minnesota</u> <u>0'</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)		b. (Middle) <u>Davis</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1952</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant B</u>		8. DATE OF BIRTH <u>March 30, 1952</u>	
9. AGE (In years last birthday) Months Days <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Russell Woodson Davis</u>	
13b. MOTHER'S MAIDEN NAME <u>Dorothy Marie Rember</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. A. Davis</u> ADDRESS <u>3941 Minnesota St. Louis Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pre-Mature Birth (1 1/2 mos)</u>	
19. DATE 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)		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? <u>776K</u>	
22. I hereby certify that I attended the deceased from <u>March 30, 1952</u> , to <u>April 2, 1952</u> , that I last saw the deceased alive on <u>April 1, 1952</u> , and that death occurred at <u>2:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. Eades M.D.</u>		23b. ADDRESS <u>7602 S. Brady</u>	
23c. DATE SIGNED <u>4-2-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary</u> ADDRESS <u>2842 Meramec St.,</u>	
DATE REC'D BY LOCAL REG. <u>APR 2 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> (Licensed Embalmer's Statement on Reverse Side)	
		St. Louis, 18, Mo.	

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.

NO EMBALMING.

Student
Student Embalmer

Signed.....

Joe B. Benz

Licensed Embalmer No. *4249*.....

2842 Meramec St.,

P. O. Address..... *St. Louis, 18, 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.