

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14184

State File No.

3427

FILED APR 25 1952

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY					
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2605 Cole St				d. STREET ADDRESS (If rural, give location) 21 2605 Cole St.					
3. NAME OF DECEASED (Type or Print) Ophelia			a. (First)		b. (Middle) DAVIS		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 4-7-52		5. SEX F 3		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH Oct, 26 1896	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		11. BIRTHPLACE (State or foreign country) MISS.		12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME	
13a. FATHER'S NAME ANDERSON BERDINE		13b. MOTHER'S MAIDEN NAME RUTHIA PROUIT		14. NAME OF HUSBAND OR WIFE Ollie DAVIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Helen Jackson				ADDRESS 4028 Lincoln	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Hypertension Arterio Sclerosis Morbidity 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.						INTERVAL BETWEEN ONSET AND DEATH 1 month 6 mos 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) (Minute)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X					
22. I hereby certify that I attended the deceased from 2/6 , 1952 to Apr 7 , 1952, that I last saw the deceased alive on April 7, 1952 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE S. E. Moore MD (Degree or title)				23b. ADDRESS 809 1/2 Spruce		23c. DATE SIGNED 4/9/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-12-52		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO		DATE REC'D BY LOCAL REG. APR 11 1952	
REGISTRAR'S SIGNATURE J. C. Schmidt MD				25. FUNERAL DIRECTOR'S SIGNATURE A. F. Walton ADDRESS 2707 Stoddard					

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 Arthur L. Heilliard

Licensed Embalmer No. ~~1780~~ 4221

P. O. Address 4524 Alder

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.