

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

6182

LED JUL 15 1952

|                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                        |  |                                                                                     |  |
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| BIRTH NO. _____                                                                                                                                                                                                                                                                |                                  | REG. DIST. NO. <b>318</b>                                                                                                                                                                                                                                                                                                                                            |  | PRIMARY REG. DIST. NO. <b>1003</b>                                                                                                                                                                                                                                     |  | Registrar's No. _____                                                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis, Mo.</b><br>c. LENGTH OF STAY (in this place) <b>10 Yrs.</b> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis, Mo.</b>                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                      |  | c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis, Mo.</b>                                                                                                                                                                          |  |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>City Infirmary.</b>                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                      |  | d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal Street.,</b>                                                                                                                                                                                               |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                                         |                                  | a. (First) <b>Anna</b>                                                                                                                                                                                                                                                                                                                                               |  | b. (Middle) _____                                                                                                                                                                                                                                                      |  | c. (Last) <b>Davis</b>                                                              |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                                               |                                  | (Month) <b>June</b>                                                                                                                                                                                                                                                                                                                                                  |  | (Day) <b>26</b>                                                                                                                                                                                                                                                        |  | (Year) <b>52</b>                                                                    |  |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                        | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                                                                                                                                                                                                                                                                                |  | 8. DATE OF BIRTH<br><b>May 1, 1873</b>                                                                                                                                                                                                                                 |  | 9. AGE (In years last birthday) <b>79</b>                                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                                                                    |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                    |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>S. Carolina.</b>                                                                                                                                                                                                 |  | 12. CITIZEN OF WHAT COUNTRY?                                                        |  |
| 13a. FATHER'S NAME<br><b>Herman Ricks</b>                                                                                                                                                                                                                                      |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth</b>                                                                                                                                                                                                                                                                                                                        |  | 14. NAME OF HUSBAND OR WIFE<br><b>unknown</b>                                                                                                                                                                                                                          |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                                                                                                                                                                                                              |                                  | 16. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Records of City Infirmary</b>                                                                                                                                                                                                  |  |                                                                                     |  |
| 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) <b>(1) Heat Prostration.</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>(2) Hypertensive Cardio Vascular</b><br>DUE TO (c) <b>Disease.</b><br><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?<br>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)                                     |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                         |                                  | 21f. HOW DID INJURY OCCUR                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                        |  | 443 X                                                                               |  |
| 22. I hereby certify that I attended the deceased from <b>February 319 42,</b> to <b>June 26,</b> 19 <b>52,</b> that I last saw the deceased alive on <b>June 26,</b> 19 <b>52,</b> and that death occurred at <b>10:30 P.M.</b> from the causes and on the date stated above. |                                  |                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                        |  |                                                                                     |  |
| 23a. SIGNATURE (Degree or title)<br><b>Palmer Business Brochsch Newell</b>                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                      |  | 23b. ADDRESS<br><b>5800 Arsenal St.,</b>                                                                                                                                                                                                                               |  | 23c. DATE SIGNED                                                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                                                                                                                                                                                                                                      |                                  | 24b. DATE<br><b>6-30-52</b>                                                                                                                                                                                                                                                                                                                                          |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>City Crematory</b>                                                                                                                                                                                                            |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, MO</b>               |  |
| DATE REC'D BY LOCAL REG.<br><b>6-30-52</b>                                                                                                                                                                                                                                     |                                  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b>                                                                                                                                                                                                                                                                                                                        |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Mr. Ryan</b>                                                                                                                                                                                                                    |  | ADDRESS<br><b>5600 Arsenal St.</b>                                                  |  |

**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.

*Not embalmed*

Signed \_\_\_\_\_

Student .....

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.