

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25702

FILED JUL 22 1952

318

1003

State File No.

6586

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4 2016 HORNER AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noble</u>		b. (Middle) <u>Harrison</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-6-52</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>FEB. 12, 1889</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRIAL ASS. #576</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE WINKLE</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINE DAVIS</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KATHERINE DAVIS 2016 HORNER AVE.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular accident and old C.V.A.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>Years</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>6-25, 1952</u> , to <u>7-6, 1952</u> , that I last saw the deceased alive on <u>7-6, 1952</u> , and that death occurred at <u>6:58 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>FR Bradley M.D.C.U.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>7/6/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/9/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. H. Backlage, 6536 Clayton Bldg</u>			

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

J. Wm. Dumbley

Licensed Embalmer No. _____

P. O. Address _____

3657
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.