

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29459**  
**8119**

LED SEP 8 - 1952

318

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 Mo. b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. c. LENGTH OF RESIDENCE IN CITY (In days, weeks, or months) August 25, 1952		d. STREET ADDRESS (If rural, give location) 4346 Cote Brillante.	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Davis c. (Last) Frierson		4. DATE OF DEATH (Month) (Day) (Year) August 25, 1952	
5. SEX Male 2	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec. 23, 1863
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Miss. /
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unk.	
13b. MOTHER'S MAIDEN NAME Jennie		14. NAME OF HUSBAND OR WIFE Alice Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME City Infirmery Records		ADDRESS 5800 Arsenal St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular damage and ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Due to Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. 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 (Month) (Day) (Year) (Hour) OF INJURY.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from <u>March 31, 1952</u> to <u>August 25, 1952</u> , that I last saw the deceased alive on <u>Aug. 25, 1952</u> , and that death occurred at <u>2:05 AM</u> from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Palmer Quaine Bowditch M.D. C.		23b. ADDRESS 5800 Arsenal St.	
23c. DATE SIGNED 8-25-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery, St. Louis, County, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Ruane	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 27 1952		ADDRESS 1221 N. Grand	

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 No. ....

Signed *James Adams*

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.