

No. 300 FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32866

Registrar's No. 8388

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 8 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2077
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			d. STREET ADDRESS (If rural, give location) 4919 Natural Bridge Blvd., 15,		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) W.	c. (Last) Davies	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4th, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 20th, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Martins Ferry, Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John W. Davies		13b. MOTHER'S MAIDEN NAME Mary Ann Meredith		14. NAME OF HUSBAND OR WIFE Late Hulda Davies	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Margaret Albring, 4043 Burnham Road, Toledo, Ohio		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		MEDICAL CERTIFICATION Myocardial infarction Coronary arteriosclerotic hbdia. Yes Pulmonary infarction following prostatectomy		INTERVAL BETWEEN ONSET AND DEATH 3 days  6 wks.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4200			
22. I hereby certify that I attended the deceased from July 19 52, to Sept. 4, 1952, that I last saw the deceased alive on Sept 4, 1952 and that death occurred at 2:00P m., from the causes and on the date stated above.					
23a. SIGNATURE Bottle Ed (Mr)			23b. ADDRESS 508 N. Grand		23c. DATE SIGNED Sept. 5, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail	24b. DATE 9/7/52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Toledo, Ohio		
DATE REC'D BY LOCAL REG. SEP 5 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

(Licensed Embalmer's Statement on Reverse Side)

Metropolitan Bldg.,  
Grand & Olive, 508 N. Grand Blvd  
Room 514

Between 1:00 P. M. & 2:00 P. M.  
Friday.

File in City

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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 *John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *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.