S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3001

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0356

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2069
d. STREET ADDRESS (If rural, give location) 2526 Chester Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) M. c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 6, 1884

9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 10 Days 6 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Conductor

10b. KIND OF BUSINESS OR INDUSTRY Southern R. R.

11. BIRTHPLACE (State or foreign country) Gibson County, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Miles W. Davis

13b. MOTHER'S MAIDEN NAME Mary McMicle

14. NAME OF HUSBAND OR WIFE (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. (Unknown)

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Davis; Evansville, Ind.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Mediastinum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
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
Smoth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma found on gland biopsy in Oct. 1952
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X
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) m. X
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 164X

22. *I hereby certify that I attended the deceased from* July 25 1952 *to* Jan 12, 1953, *that I last saw the deceased alive on* 8:45 PM, 1953, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry E Rosenberg (Degree or title) M D
23b. ADDRESS 1467 Union
23c. DATE SIGNED 1/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/13/1953
24c. NAME OF CEMETERY OR CREMATORY Maple Hill
24d. LOCATION (City, town, or county) (State) Princeton, Indiana

DATE REC'D BY LOCAL REG. JAN 13 1953
REGISTRAR'S SIGNATURE J Carl Smith M D
25. FUNERAL DIRECTOR'S SIGNATURE John J Kasaly ADDRESS 1101 N. 9th St. East St. Louis, Ill
(Licensed Embalmer's Statement on Reverse Side)

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 J Kassly

Licensed Embalmer No. 6855

P. O. Address Four 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.