

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3004

State File No.

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0922

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

c. LENGTH OF STAY (In this place)
5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION
Jewish Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Clayton

4462

d. STREET ADDRESS (If rural, give location)
6452 Alamo

3. NAME OF DECEASED
(Type or Print)

a. (First)

Julius

b. (Middle)

-

(Last)

Davis

4. DATE OF DEATH

(Month)

Jan 26

(Day)

(Year)

53

5. SEX

Male

6. COLOR OR RACE

White

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

Married

8. DATE OF BIRTH

May 2, 1892

9. AGE (In years last birthday)

60

10. MONTHS

60

11. DAYS

60

12. HOURS

60

13. MIN.

60

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

Scrap metals

10b. KIND OF BUSINESS OR INDUSTRY

Iron

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Simon Davis

13b. MOTHER'S MAIDEN NAME

Jennie (unk)

14. NAME OF HUSBAND OR WIFE

nna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Mrs. nna Davis 6452 Alamo

ADDRESS

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.

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

MEDICAL CERTIFICATION

Cardiac Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Rheumatic Heart Disease

DUE TO (c)

Chronic Glomerulonephritis

II. OTHER SIGNIFICANT CONDITIONS

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?

YES ☐

NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

592X

22. I hereby certify that I attended the deceased from Jan 14, 1953, to Jan 26, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 2:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

1/27/53

24c. NAME OF CEMETERY OR CREMATORY

Berger Memorial

24d. LOCATION (City, town, or county) (State)

University City Mo

DATE REC'D BY LOCAL REG.
JAN 27 1953

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Berger Memorial 4715 Mc'herson

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James J. Quilley
Licensed Embalmer No..... 4339

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.