

02

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>347</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAYTON MO 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>CLAYTON MO</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRENTWOOD MO 451</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8737 AGNES AVE</u>			
3. NAME OF DECEASED (Type or Print) <u>CLARA</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-1953</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>2-18-1881</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRENADA MISS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>NO GREEN SHERL</u>		13b. MOTHER'S MAIDEN NAME <u>NO TETIA BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>WILL DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Davis</u>		ADDRESS <u>8737 Agnes 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ASCVD</u> DUE TO (c) <u>Malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-23</u> , 19 <u>53</u> , to <u>1-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>25</u> , 19 <u>53</u> , and that death occurred at <u>7:40pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Nichols M.D.</u>				23b. ADDRESS <u>601 S. Brentwood, Clayton</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Daulton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter S. Gaudette</u>		ADDRESS <u>136 Eldridge Webster, St. Louis</u>	

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

*Theodore J. Gandeel*

Licensed Embalmer No. *4243*

P. O. Address *131 Eldridge Ave*

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.