

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4149

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 0238	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HTS		c. LENGTH OF STAY (In this place) 2 Weeks		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hosp				d. STREET ADDRESS (If rural, give location) 5638 Perry Ave			
3. NAME OF DECEASED (Type or Print) EWING J DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 1 20 53				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 13 - 1880	
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months 8		11. UNDER 24 HRS. Hours 7		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY Law Office		11. BIRTHPLACE (City and State or Foreign Country) Mokane Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Matthew Davis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lora Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 49201-4720		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Kleng 2106 E Adelaide Ave			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1-5, 1953 to 1-20, 1953, that I last saw the deceased alive on 1-20, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fred Kramer M.D.				23b. ADDRESS 4161 Russell		23c. DATE SIGNED 1-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 23 1953		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. 1-23-53		REGISTRAR'S SIGNATURE Hubert R. Smith - M.D.		FURNERAL DIRECTOR'S SIGNATURE W.T. Dooley		ADDRESS 6536 Clayton Rd	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
05

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

Fred J. Farmer

Licensed Embalmer No. *4788*

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.