

48
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 UNFADING BLACK INK—MAKE A PERMANENT RECORD
 WRITE PLAINLY—USING

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15353

State File No.

23682
 BIRTH NO. APR 20 1953

REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles 0923	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Saint Joseph's Hospital		d. STREET ADDRESS (If rural, give location) Saint Joseph's Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Davis c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) April 11, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 11, 1953
9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Evans Davis		13b. MOTHER'S MAIDEN NAME Florence Ford		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Davis, Washington, D.C.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth, neonatal death		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS WHICH WERE BENEFICIAL TO THE DECEASED Conditions contributing to the death but not related to the disease or condition causing death.		776X			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK <input type="checkbox"/> <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 11, 1953**, to **April 11, 1953**, that I last saw the deceased alive on **April 11, 1953**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis B. Blank, M.D.		23b. ADDRESS 207 No. Fifth St. Charles, Mo.		23c. DATE SIGNED April 13, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cmty	
24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H.C. Dallmeyer, St. Charles, Mo.			
DATE REC'D BY LOCAL REG. April 13 1953		REGISTRAR'S SIGNATURE Louis B. Blank			

Note:
This body was not embalmed
H. C. Dallmeyer & Sons
St. Charles, Mo.

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 _____

Licensed Embalmer No. _____

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.