

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22796

FILED JUL 2 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. ....

Registrar's No. 5817

Probably the decedent was primary wife  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lutheran Hospital		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Arthur c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) June 10 1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John William Davis		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Amanda Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Amanda Davis		ADDRESS 6204 Southland 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis - abdominal  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 Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15:30X		
22. I hereby certify that I attended the deceased from May 23, 1953, to 6-10, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 7:30A m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>L. H. Hanna M.D.</i>		23b. ADDRESS 3701 Grandview		23c. DATE SIGNED 6/18/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 13, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS Colonial Mortuary 646 Chicago St., St. Louis, Mo.				
DATE REC'D BY LOCAL REG. JUN 11 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		S.P. (Licensed Embalmer's Statement on Reverse Side)		

JUN 8 1954

Dr. Theo Hanser  
3701 Grandel Sq.,  
JE 4430

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2679

P. O. Address 7814 I. Duane

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.