

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23263

State File No. 789

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1789

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN UNIVERSITY-CITY)		c. LENGTH OF STAY (in this place) 3 YR	c. CITY OR TOWN UNIVERSITY-CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7607-TEASDALE			e. STREET ADDRESS (If rural, give location) 7607-TEASDALE		

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) _____ c. (Last) DAVIES			4. DATE OF DEATH (Month) (Day) (Year) 6-25-53		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-3-1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME		11. BIRTHPLACE (City and State or Foreign Country) MINE LA MOTT-MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME JUSTUS-CHANIN		13b. MOTHER'S MAIDEN NAME ANNE-FARMER		14. NAME OF HUSBAND OR WIFE DAVID-J-DAVIES	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EULAROSE-E-ADSHER		ADDRESS 7607-TEASDALE	
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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) Cerebral Hemorrhage Lft				INTERVAL BETWEEN ONSET AND DEATH 3 Wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General				19 yrs	
		DUE TO (c) Hypertension				10 yrs	
		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 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from May 1, 1935, to 6-24, 1953, that I last saw the deceased alive on 6-24, 1953, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.C.		23b. ADDRESS 208 N Grand		23c. DATE SIGNED 6-26-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-27-53		24c. NAME OF CEMETERY OR CREMATORY VALHALLA-CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO	
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DATE REC'D BY LOCAL REG. 6-27-53		REGISTRAR'S SIGNATURE <i>[Signature]</i> NEUBERT R. DOMKE M.D.		25. FUNERAL DIRECTOR'S SIGNATURE JAY-B-SMITH		ADDRESS MAPLEWOOD-MO	
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52W (Licensed Embalmer's Statement on Reverse Side)

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

400

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.....
J. P. Burgess

Licensed Embalmer No. *402*

P. O. Address *Maple*

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.