

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26257

State File No.

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6170**

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 township) OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (in this place) **1 week**
c. CITY OR TOWN **St. Louis, Mo** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**
e. STREET ADDRESS (If rural, give location) **1526 South 11th. Street** 2370

3. NAME OF DECEASED (Type or Print) a. (First) **EDWARD** b. (Middle) _____ c. (Last) **DAVIDSON** 4. DATE OF DEATH (Month) (Day) (Year) **JUNE 19, 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **12-1-1880** 9. AGE (to years last birthday) **72** IF UNDER 1 YEAR Months **6** IF UNDER 12 HRS. Days **18** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tool Grinder** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and State or Foreign Country) **Evansville, Indiana** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Clarence Davidson** 13b. MOTHER'S MAIDEN NAME **Elizabeth Nau** 14. NAME OF HUSBAND OR WIFE **Mary Davidson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mary Davidson** ADDRESS **1526 South 11th. St. Louis, Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebrovascular thrombosis**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerosis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Diabetes mellitus**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **332X**

22. I hereby certify that I attended the deceased from **6-15-53**, 19____, to **6-19-53**, 19____, that I last saw the deceased alive on **6-19-53**, 19____, and that death occurred at **11:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. M. Higgins, M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **6-20-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **June 20, 1953** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Evansville, Indiana**

DATE REC'D BY LOCAL REG. **JUN 22 1953** REGISTRAR'S SIGNATURE **J. C. Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McLaughlin Funeral Home, Inc. 2301 Lafayette**

(Licensed Embalmer's Statement on Reverse Side) **St. Louis, Missouri**

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

1989

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 *James R. Chapman*
Licensed Embalmer No. *45*
P. O. Address *St. Louis*

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.