

FILED AUG 20 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29888  
Registrar's No. 7435

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		219 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4055 Finney Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>4055 Finney Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roosevelt</u>		b. (Middle) _____	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-7-1906</u>	9. AGE (in years last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer-</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Beal</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Callie Smith</u>		ADDRESS <u>4055 Finney</u>	
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) <u>CARDIO-RENAL VASCULAR Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>7-3</u> , 19 <u>53</u> , to <u>7-27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>53</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <u>Manuela S. Alencaster MD</u>			23b. ADDRESS <u>826 N Channing St. Louis</u>		23c. DATE SIGNED <u>7-28-53</u>
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 30 1953</u>	REGISTRAR'S SIGNATURE <u>Callie Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Manuel Undertaking</u>		ADDRESS <u>4059 B Finney</u>

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

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 *H. Claude Ford*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.