

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33079**
8242

FILED SEP 24 1953

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

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 10 2932 Hebert	
3. NAME OF DECEASED (Type or Print) a. (First) Harrison b. (Middle) Alva c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11/28/1884
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	11. BIRTHPLACE (City and State or Foreign Country) Jerseyville, Ill.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY clothing store	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas Jefferson Davis		13b. MOTHER'S MAIDEN NAME Esther Talent	14. NAME OF HUSBAND OR WIFE Martha Louise Davis
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. 488-07-1573	17. INFORMANT'S SIGNATURE OR NAME Martha Louise Davis
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 INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral vascular thrombosis with left hemiplegia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) art sclerotic process	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Diabetes mellitus	
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 4500	
22. I hereby certify that I attended the deceased from 9-12, 1953 , to Aug 23, 1953 , that I last saw the deceased alive on Aug 23, 1953 , and that death occurred at 10:55 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wayne D. Gorka		23b. ADDRESS 2739 No Grand	23c. DATE SIGNED 8-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8/26/53	24c. NAME OF CEMETERY OR CREMATORY Lake Charles	24d. LOCATION (City, town, or county) (State) St. Louis
DATE REC'D BY LOCAL REG. AUG 25 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Provost Mortuary-St. Louis	

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

Dr. Wayne Gorla
Lindell Court Bldg.

SEP 23 1968

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 Stanley A. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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.