

DEC 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40341

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11149**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4626a. Vernon</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ELERY</b>		b. (Middle) <b>Glenn</b>	
		c. (Last) <b>DAVIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Feb. 4, 1903</b>	
9. AGE (In years) (last birthday) <b>50</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Office</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ames, Ill.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerical Work</b>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Grant Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Nicholson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-01-8515</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond Davis, 4489 Washington</b>	
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary infarct</b></p> <p>ANTECEDENT CAUSES DUE TO (b) <b>Pulmonary Thrombi</b></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>465X</b>	
22. I hereby certify that I attended the deceased from <b>Jan 1, 1953</b> , to <b>Nov. 22, 1953</b> , that I last saw the deceased alive on <b>Nov. 22, 1953</b> , and that death occurred at <b>12:40a.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John H. McArthur M.D.</b>		23b. ADDRESS <b>5100 Arsenal St.</b>		23c. DATE SIGNED <b>11/22/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-22-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gilbert Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Ames, Ill.</b>			
DATE REC'D BY LOCAL REG. <b>NOV 24 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No...  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert M. Murray*  
.....

Licensed Embalmer No...

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
(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.