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

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40342

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10941

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard 0451
c. CITY OR TOWN: Fayette
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] /
e. STREET ADDRESS (If rural, give location): Church St.

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): P.
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 16, 1953

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Sept. 2, 1892
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Glasgow, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Pryor
13b. MOTHER'S MAIDEN NAME: Florence Massey
14. NAME OF HUSBAND OR WIFE: Hugh D. Davis

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dr. Hugh E. Stephenson, Columbia, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RUPTURED CEREBRAL ANEURYSM — INTERVAL BETWEEN ONSET AND DEATH: 5 MONTHS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

330 X

22. *I hereby certify that I attended the deceased from* November 11, 1953, *to* November 16, 1953, *that I last saw the deceased alive on* November 16, 1953, *and that death occurred at* 5:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John D. Davidson 0 M.D.
23b. ADDRESS: 600 South Kingshighway, St. Louis
23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-17-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Fayette, Mo.

DATE REC'D BY LOCAL REG.: NOV 17 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
MB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul A. Wachter.....

Licensed Embalmer No...4287

P. O. Address...St Louis M

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