

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44151**  
Registrar's No. **11609**

FILED DEC 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Missouri</b>   |   | c. LENGTH OF STAY (In this place)  | c. CITY OR TOWN <b>St. Louis</b>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Barnes Hospital</b>  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>4608a N. Broadway</b>  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Anna</b><br>b. (Middle) <b>Mae</b><br>c. (Last) <b>Davis</b>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 6, 1953</b>   |   |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b>                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>                               | 8. DATE OF BIRTH<br><b>5-11-1910</b>   | 9. AGE (In years last birthday)<br><b>43</b>  | 10. UNDER 1 YEAR<br>Months   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Ellington, Mo.</b>                            |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b>   |  |
| 13a. FATHER'S NAME<br><b>Dave Barton</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Melissa Counts</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Arthur Davis</b>                                  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   | 16. SOCIAL SECURITY NO.<br><b>none</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Arthur Davis, St. Louis, Mo.</b>   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |   |  | MEDICAL CERTIFICATION  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure with pulmonary edema</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hours</b>   |   |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |   |  | DUPLICATE (b) <b>Pulmonary tuberculosis</b>  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Amyloidosis<br/>Hypertension</b>   |   |  | DUPLICATE (c)<br><b>1 year<br/>Sev. years</b>  |   |  |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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) (Min)  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>602X</b>  |   |  |
| 22. I hereby certify that I attended the deceased from <b>11/23</b> , 19 <b>53</b> , to <b>12/6</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12/6</b> , 19 <b>53</b> , and that death occurred at <b>6:40 a. m.</b> , from the causes and on the date stated above. |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>H. R. Bradley</b>   |   |  | 23b. ADDRESS<br><b>M. D. 600 South Kingshighway</b>  |   | 23c. DATE SIGNED<br><b>12/6/53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 24b. DATE<br><b>12-9-53</b>                         | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Hope Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>              |  |
| DATE REC'D BY LOCAL REG.<br><b>DEC 8 1953</b>  |   | REGISTRAR'S SIGNATURE<br><b>J. Cash Smith</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Irby F.H. Rector, Ark.</b>           |  |

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 *Ronald O. Yehrike*.....

Licensed Embalmer No. *2917*.....

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.