

FILED JAN 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

BIRTH NO. 01444 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11994

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>Franksley</u> <u>0940</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS Childrens Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bruce</u> b. (Middle) <u>Dean</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Dec. 12. 1953</u>		9. AGE (In years last birthday) <u>3 1/2</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>16</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Frank Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Gloria Justice</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. Magidin 500 S. Kingshighway</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>Kernicterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (b) <u>Erythroblastosis foetalis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
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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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7701</u>			

22. I hereby certify that I attended the deceased from 12-15, 1953, to 12-16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 2:25 am., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Newey M.D.</u> (Degree or title)		23b. ADDRESS <u>Childrens Hospital, St. Louis</u>		23c. DATE SIGNED <u>12-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frankley mo</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Francois Co mo.</u>	

DATE REC'D BY LOCAL REG. <u>DEC 21 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sparks FH 744 Rine mo</u>	
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770 WASH DC

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 Renard  
Flat River Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 42871

P. O. Address Flat River MD

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.

Embalmed at Flat River MD