

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44154**
 Registrar's No. **11943**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	c. LENGTH OF STAY (In this place) 44 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings, 121 4138	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 2556 Oak Crest Drive,	

3. NAME OF DECEASED (Type or Print)	a. (First) CLAUDE	b. (Middle) EDWARD	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17th, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7th, 1903	9. AGE (In years last birthday) 50	10. IF UNDER 1 YEAR: Month _____ Days _____	11. IF UNDER 1 MIN. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	10b. KIND OF BUSINESS OR INDUSTRY Cleaners	11. BIRTHPLACE (State or foreign country) New Albany, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles E. Davis	13b. MOTHER'S MAIDEN NAME Cordie Eskew	14. NAME OF HUSBAND OR WIFE Nina Davis nee France
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina Davis	ADDRESS Jennings, Mo. 2556 Oak Crest Dr.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 331X
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22. I hereby certify that I attended the deceased from **Dec 15, 1953**, to **Dec. 17, 1953**, that I last saw the deceased alive on **Dec. 17, 1953**, and that death occurred at **6:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Becke M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 12-18-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/21/53	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gdns.	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. DEC 18 1953	REGISTRAR'S SIGNATURE J. Carl Smith	FEDERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Beaumont Bldg.,
3720 Washington Blvd.,
Je. 8498

Hours 1:00 PM to 5:00 PM.

File in City.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Ralph C. Leaders

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St Louis, Mo.

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.