

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44569**

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>3112</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. STATE <u>MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		d. STREET ADDRESS (If rural, give location) <u>8260 Appleton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>50yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		d. STREET ADDRESS (If rural, give location) <u>8260 Appleton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 8260 Appleton</u>				d. STREET ADDRESS (If rural, give location) <u>8260 Appleton</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Harry</u>			b. (Middle) <u>Dewitt</u>			c. (Last) <u>Davisson</u>	
a. (First) <u>Harry</u>			b. (Middle) <u>Dewitt</u>			c. (Last) <u>Davisson</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 27, 1867</u>	
9. AGE (In years last birthday) <u>86yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier (Retired)</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomington, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>John Deere Plow Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomington, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Davidson</u>			13b. MOTHER'S MAIDEN NAME <u>Lucretia (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Maud S. Davidson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-24-4531</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maud S. Davisson 8260 Appleton</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombia</u>				<u>2 weeks</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>Cerebral arteriosclerosis</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
DUE TO (c)				DUE TO (c)			
Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" 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)	
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?			
22. I hereby certify that I attended the deceased from <u>June 13, 1953</u> , to <u>Dec. 3, 1953</u> , that I last saw the deceased alive on <u>Dec. 1, 1953</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Overroll M.D.</u>				23b. ADDRESS <u>6356 Clayton Road</u>		23c. DATE SIGNED <u>Dec 4, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-5-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke M.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar</u>			

(Licensed Embalmer's Statement on Reverse Side)

52W

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

6356 Dayton
D. J. [unclear]

NOV 9 1956

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
Student Embalmer

Signed jos. E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6145-Dillman

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.