

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45259**

FILED JAN 19 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12101**

1. PLACE OF DEATH a. COUNTY St. Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St Louis Mo	c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN St Louis	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 Mo. Pac. Hospital		e. STREET ADDRESS (If rural, give location) 2 6931 Gravois Ave	
3. NAME OF DECEASED (Type or Print) Ida	a. (First) Ida	b. (Middle) Morie	c. (Last) David
4. DATE OF DEATH Dec - 20 - 53	4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2 - 1922
9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Malcolm Coleman	13b. MOTHER'S MAIDEN NAME Ida Portney	14. NAME OF HUSBAND OR WIFE Raymond Edward David	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 462-01-5448	17. INFORMANT'S SIGNATURE OR NAME Raymond David ADDRESS 6931 Gravois	
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Shock			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) large bowel Obstruction			
DUE TO (c) new growth (Tumor)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 12/15/53	19b. MAJOR FINDINGS OF OPERATION Obstruction Sigmoid Complete Tumor in recto-sigmoid junction		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 230X	
22. I hereby certify that I attended the deceased from 12-15 , 19 53 , to 12-20 , 19 53 , that I last saw the deceased alive on 12-20 , 19 53 and that death occurred at 2:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Raymond David M.D. (Degree or title)		23b. ADDRESS 1755 So. Grand	23c. DATE SIGNED 12-21-53
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE Dec. 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
DATE REC'D BY LOCAL REG. DEC 23 1953	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J.L. Ziegenhein & Sons ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *G.A. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grant*

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.