

STANDARD CERTIFICATE OF DEATH

45260

State File No.

FILED JAN 19 1954

318

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Registrar's No. 12093

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 12093	
1. PLACE OF DEATH a. COUNTY <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2510a Marcus Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First) <u>FRANCIS</u>		b. (Middle) <u>DAVIS</u>		c. (Last) _____	
4. DATE OF DEATH <u>Dec. 21, 1953.</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 23, 1912</u>		9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter-Paperhanger</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Decorator</u>		13a. FATHER'S NAME <u>Orin Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Bunting</u>	
14. NAME OF HUSBAND OR WIFE <u>Evelyn Morgan Davis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. # 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn Davis</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MAJOR FINDINGS OF OPERATION <u>Suicide</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		21a. ACCIDENT SUICIDE (Specify) <u>Suicide</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u>		21d. TIME OF INJURY <u>Dec 21 53 8:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E976X</u>	
21c. (COUNTY) <u>Mo</u>		21c. (STATE) _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:58 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick J. Taylor Carver</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>12 22 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith Mcullen Kelly</u>	
25. ADDRESS <u>4386 Lindell Blvd.</u>		DATE REC'D BY LOCAL REG. <u>DEC 22 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. ADDRESS <u>4386 Lindell Blvd.</u>	

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

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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 James A. Lemmers

Licensed Embalmer No. 4142

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 this body is not embalmed, fact should be so stated above.