

No. 30  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10736  
State File No.

11227-54  
FILED MAR 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 532

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|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St Louis</b>                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> |  | b. COUNTY<br><b>St Louis</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Lemay</b> |  | c. CITY OR TOWN<br><b>Kirkwood</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place)<br><b>6 Weeks</b>                                  |  | e. STREET ADDRESS (If rural, give location)<br><b>1971 N Signal Hill Av</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Rt 8 Box 735 (Kerth Rd)</b>            |  |   |  |   |  |

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|--|--|--|--------------------------|--|------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Timothy</b> |  |  | b. (Middle) <b>Wayne</b> |  | c. (Last) <b>Davis</b> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar 1st 1954</b> |  |  |
|--|--|--|--------------------------|--|------------------------|--|--|--|--|

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| 5. SEX<br><b>Male</b> |  | 6. COLOR OR RACE<br><b>White</b> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Child</b> |  | 8. DATE OF BIRTH<br><b>Jan. 5th 1964</b> |  | 9. AGE (In years last birthday)<br><b>0</b> |  | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>24</b> |  | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |  |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>*****None*****</b> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>*****None*****</b> |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St Louis Missouri</b> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b> |  |  |
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| 13a. FATHER'S NAME<br><b>James B Davis</b> |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>O'Lita Lloyd</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>*****None*****</b> |  |  |
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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)<br><b>NO</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs O'Lita Davis 1971 Signal Hill Av</b> |  |  |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital malformation of heart</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Thalassemia</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
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| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>3-2-54</b> |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><b>Lemay Mo.</b> |  |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) |  | 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 Feb. 3, 1954 to Feb. 3, 1954 that I last saw the deceased alive on Feb. 3, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

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|---|--|--|--|-----------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>Max Dutsch</b> |  | 23b. ADDRESS<br><b>2515 Delmar (W)</b> |  | 23c. DATE SIGNED<br><b>3/1/54</b> |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>Mar 2nd 1954</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Hope Cem.</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Lemay Mo.</b> |  |
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| DATE REC'D BY LOCAL REG.<br><b>3-2-54</b> |  | REGISTRAR'S SIGNATURE<br><b>Herbert R. Donke M.D.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Fey Funeral Home 4100 Lemay Ferry Rd Lemay Mo.</b> |  |
|---|--|---|--|---|--|

SAV (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... **Not Embalmed**

Licensed Embalmer No.....

P. O. Address .....

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.