

FILED APR 26 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 14495

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>870</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Pinebluffs</u>		c. LENGTH OF STAY (in this place) <u>11 WEEKS</u>		a. STATE <u>Mo.</u>	
b. CITY OR TOWN <u>Pinebluffs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3307 Semple</u>		2069 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3715 Melba Pl.</u>				d. STREET ADDRESS			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Joseph</u>	b. (Middle) <u>David</u>	c. (Last) <u>David</u>	4. DATE OF DEATH	(Month) <u>4</u>	(Day) <u>11</u>	(Year) <u>54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never m.</u>	8. DATE OF BIRTH <u>6-6-1909</u>	9. AGE (in years last birthday) <u>44</u>	IF UNDER 1 YEAR	IF UNDER 6 MRS.	
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clock</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Mathew David</u>		13b. MOTHER'S MAIDEN NAME <u>Veronica</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-10-4114</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Steve David</u>			
				ADDRESS <u>3307 Semple St.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lungs</u>				<u>6 wks.</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.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>					
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)		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>2/26</u> , 19 <u>54</u> , to <u>4/11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>54</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Philip Ferraria MD</u>				23b. ADDRESS <u>7307 Natural Bldg</u>		23c. DATE SIGNED <u>4/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/12/54</u>		REGISTRAR'S SIGNATURE <u>Robert H. Cooke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Louis Funeral Home</u>			
				ADDRESS <u>2305 St. Louis Ave. St. Louis</u>			

(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 .....  
Student Embalmer

Signed Wm J. Benkley .....

Licensed Embalmer No. 3653 .....

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.