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FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17128

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4349

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>52 yrs</u>		c. CITY OR TOWN <u>Pine Lawn</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>New Faith Hospital</u>			
e. STREET ADDRESS		(If rural, give location)	
<u>2503 Crescent Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lester</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 13, 1954.</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>March 5, 1902.</u>	9. AGE (In years last birthday) <u>52</u>	10 MONTHS	11 DAYS	12 HOURS	13 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crosstown, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George E. Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Ryan</u>	14. NAME OF HUSBAND OR WIFE <u>Irene Davis</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-03-5542</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Davis, 2503 Crescent Ave.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting aneurysm Thoracic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	(b) <u>rupture into mediastinum</u>		
	DUE TO (b) <u>Hypertensive Cardiovascular renal disease</u>		<u>Unknown</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 4/17, 1954 to 5/13, 1954, that I last saw the deceased alive on 5/13, 1954 and that death occurred at 5:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert A Bauer MD</u>	23b. ADDRESS <u>3731 Goodfellow</u>	23c. DATE SIGNED <u>5/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 14 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>	ADDRESS
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(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..... *Ralph Lindes* .....

Licensed Embalmer No. *42* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.