

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17507

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1211</u>			
1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST Louis City</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Mo</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		2-269 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4009 N. FLORISSANT</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u>		b. (Middle) <u>J</u>		(Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23 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>8-31-07</u>			
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHEET METAL</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SHEET METAL</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS, MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>ARTHUR DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES CASSIDY</u>		14. NAME OF HUSBAND OR WIFE <u>VERONICA DAVIS</u>		
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>345-03-7951</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RECORDS, KOCH HOSPITAL</u>				ADDRESS <u>KOCH MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>		
*This does not mean the mode of dying, such as heart failure, asthma, 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) _____ 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? 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>5-18</u> , 19 <u>54</u> , to <u>5-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>54</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Eda Davis</u>				(Degree or title)		23b. ADDRESS <u>Koch Hospital Koch Mo</u>		23c. DATE SIGNED <u>5-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>ST Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>5/24/54</u>		REGISTRAR'S SIGNATURE <u>Robert M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William ...</u>		ADDRESS <u>7849 N. Euclid</u>			

(Licensed Embalmers' 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 Albert Mayfield

Licensed Embalmer No. 3077

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