

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20367**  
Registrar's No. **5068**

BIRTH NO. **31994-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>8 DAYS</b>	c. CITY OR TOWN <b>ELSBERRY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CHILDREN'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>110 SANDERSON DRIVE</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>BRICE TAYLOR DAVIS, JR.</b>		a. (First) <b>BRICE</b>	b. (Middle) <b>TAYLOR</b>
c. (Last) <b>DAVIS, JR.</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6 7 '54</b>	
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>0</b>	<b>8. DATE OF BIRTH</b> <b>5-31-54</b>
<b>9. AGE</b> (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>LOUISIANA, MISSOURI</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>		<b>13a. FATHER'S NAME</b> <b>BRICE TAYLOR DAVIS, SR.</b>	
<b>13b. MOTHER'S MAIDEN NAME</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Virginia Todd</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pneumonia</b> ANTECEDENT CAUSES <b>Atelectasis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b>	
<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>7625</b>		<b>22. I hereby certify that I attended the deceased from</b> <b>MAY 31</b> , 19 <b>54</b> , to <b>JUNE 7</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>JUNE 7</b> , 19 <b>54</b> , and that death occurred at <b>1:55 pm.</b> , from the causes and on the date stated above.
<b>23a. SIGNATURE</b> (Degree or title) <b>Wm G Klingberg MD</b>		<b>23b. ADDRESS</b> <b>500 So Kings highway</b>	<b>23c. DATE SIGNED</b> <b>6-8-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>6-8-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Elsberry</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 8 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Miller Funeral Home</b> <b>Elsberry Mo</b>	

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 *W.D. Embalmer*.....

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.