

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20368

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO.	State File No. <b>1003</b>	Registrar's No. <b>4643</b>
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2103</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3508a Harper St.</b>			d. STREET ADDRESS (If rural, give location) <b>10 3508a Harper St.</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Charlie</b>	b. (Middle) <b>0.</b>	c. (Last) <b>Davis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 22, 1954</b>
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 28, 1876</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Filing Station Atten. - Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Seneca, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Ezra Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Glenn</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>494-10-7083</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Effie Davis, 3508a Harper St.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>few hrs</b> ANTECEDENT CAUSES <b>Interosseal arteriosclerosis</b> DUE TO (b) <b>several years</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>Apr 8, 1942</b> , to <b>5-19, 1954</b> , that I last saw the deceased alive on <b>5-19, 1954</b> , and that death occurred at <b>11:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>B. J. Kilker M.D.</b>			23b. ADDRESS <b>3121 Grand</b>		23c. DATE SIGNED <b>5-24-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5/25/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Clair, Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAY 25 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PROVOST UND. CO., 3710 No. Grand Bl</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 .....  
Student Embalmer

Signed J. Wm. Binkley

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 complete the above constitutes grounds for revocation of license.)

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