

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32444**

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 2091
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WARRANT		
b. CITY (If institution: give name of institution) St. Louis		c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN WRIGHT CITY d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital		STREET ADDRESS 1090		
3. NAME OF DECEASED (Type or Print) a. (First) Rev. David		b. (Middle) Nailing	c. (Last) 1090	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1954	5. SEX M	6. COLOR OR RACE COL	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1-1-1881
9. AGE (in years last birthday) 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY Minister	11. BIRTHPLACE (City and State or Foreign Country) TEAH	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Tommye Brew ADDRESS Box 73 Wright City Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 1-2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-vascular Accident DUE TO (c) Hypertensive Cardiovascular Disease		
		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?		
22. I hereby certify that I attended the deceased from Aug. 9, 1954 to Aug. 28, 1954 ; that I last saw the deceased alive on Aug. 28, 1954 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Cooper Dray, M.D.		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 8-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-2-54	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	24d. LOCATION (City, town, or county) (State) Wright City Mo	
DATE REC'D BY LOCAL REG. 9/21/54	REGISTRAR'S SIGNATURE Heberich	25. FUNERAL DIRECTOR'S SIGNATURE Bushowe ADDRESS 2930 Dickson St.		

(Licensed Embalmer - 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.....

Leroy U. Fannister

Licensed Embalmer No. 450

P. O. Address 3880 E.....

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.