

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32510

State File No. 2240

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2240

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>9432 Flora</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9432 Flora</u>		e. STREET ADDRESS (If rural, give location) <u>9432 Flora</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J</u> c. (Last) <u>Daws</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21 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>Oct 8 1908</u>
9. AGE (In years) (If under 1 year, last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	11. BIRTHPLACE (City and State) (or Foreign Country) <u>Benton Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gilbert Daws</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Boyd</u>
14. NAME OF HUSBAND OR WIFE <u>Rita Peck Daws</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>493-03-7076</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Rita Daws</u>		18. ADDRESS <u>9432 Flora</u>	
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.			INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u>			
PRECEDENT 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 <u>4/15/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 6, 1954</u> , to <u>Sept 21, 1954</u> , that I last saw the deceased alive on <u>Sept 21, 1954</u> , and that death occurred at <u>3:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>M.D. Arthur M. D.</u>		23b. ADDRESS <u>8924 St. Charles Rd. St. Louis 14 Mo.</u>	
23c. DATE SIGNED <u>9/21/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hartsfield Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton Ky</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ormann F Home</u>	
25. ADDRESS <u>9222 Lackland</u>			

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

29247442
M.C. Becker

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 Al C Ostmann

Licensed Embalmer No. 3478

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.