

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2459**
Registrar's No. **0134**

FILED FEB 10 1955

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0134	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Normandy 1		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 ST. John's Hospital				e. STREET ADDRESS (If rural, give location) 6920 Pasadena			
3. NAME OF DECEASED (Type or Print) a. (First) Olive b. (Middle) B. c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 1-6-55				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1-14-1876	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Geo. SANDERSON			13b. MOTHER'S MAIDEN NAME VIRGINIA HAMILTON			14. NAME OF HUSBAND OR WIFE Thos F.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, no prefix known) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Clyde Dodd ADDRESS 728 W Oakland			
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c)) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse				INTERVAL BETWEEN ONSET AND DEATH 12/11/54			
*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 DUE TO (b) Supremacies of age DUE TO (c) Fracture, vertebrochontic			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hip joint							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION well contracted eye 7/14/54				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Normandy, MO MO 9030		21d. TIME OF INJURY 12 11 54	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on home			
22. I hereby certify that I attended the deceased from 12/11/54 , 19____, to 1/2/55 , 19____, that I last saw the deceased alive on 12/15/54 , 19____, and that death occurred at 3:05 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Lawrence P. Roeling (Degree or title) MD				23b. ADDRESS 3720 Washington Ave		23c. DATE SIGNED 1/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-10-55		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial		24d. LOCATION (City, town, or county) (State) St Louis Co. MO	
DATE REC'D BY LOCAL REG. JAN 6 1955		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE Arnold H. Co ADDRESS 2707 91 Grand			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Ronald O. Yahr*.....

Licensed Embalmer No. *39*.....

P. O. Address *St. Louis*.....

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.