

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19978

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5258**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

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 **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **DOA St. Louis City Hospt.** e. STREET ADDRESS (If rural, give location) **1357 Hodiamont Ave. 20670**

3. NAME OF DECEASED a. (First) **Wilbur** b. (Middle) **W** c. (Last) **Davis** 4. DATE OF DEATH (Month) (Day) (Year) **6/16/55**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **2/21/1910** 9. AGE (In years last birthday) Months Days Hours Min. **45**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labor** 10b. KIND OF BUSINESS OR INDUSTRY **General** 11. BIRTHPLACE (City and State or Foreign Country) **Wyoming** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Wilbur Davis** 13b. MOTHER'S MAIDEN NAME **Lily Knight** 14. NAME OF HUSBAND OR WIFE **Eva McGee Davis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **495 12 9018** 17. INFORMANT'S SIGNATURE OR NAME **Eva Davis** ADDRESS **1357 Hodiamont Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion**  
ANTECEDENT CAUSES **Coronary Sclerosis**  
Morbidity 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 \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick L. Taylor Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **6.17.55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6/20/55** 24c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **JUN 17 1955** REGISTRAR'S SIGNATURE **J. Carl Smith Mo** 25. FUNERAL DIRECTOR'S SIGNATURE **Jos. W. Clark** ADDRESS **1125 Hodiamont Ave.**

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

m&b. (Licensed Embalmer's Statement on Reverse Side)

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**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.....  
Licensed Embalmer No. 266  
P. O. Address 1125th

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.