

No. 900
10.48
FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

28526
State File No.

BIRTH NO.		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 500	Registrar's No. 1838
1. PLACE OF DEATH a. COUNTY St. Louis		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 Cool Valley		c. LENGTH OF STAY (In this place) 1 Yr.	c. CITY OR TOWN Cool Valley	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1671a So. Florissant Rd.		e. STREET ADDRESS (If rural, give location) 1671a So. Florissant Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) R.	c. (Last) Davi's	4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Dec. 19, 1882	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Att.		10b. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Richard Davi's		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE DIVORCED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 493-36-0272	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maurice Tebeau, Cool Valley, Mo.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Cerebral Vascular Disease</i> ANTECEDENT CAUSES <i>Arteriosclerosis Cardiovascular Disease 2 yrs.</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) DUE TO (c)		INTERVAL BETWEEN ONSET AND 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)	4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 8:5, 1955, to _____, 1955, that I last saw the deceased alive on 8:5, 1955, and that death occurred at 7 P. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Charles A. Mackay M.D.</i>		23b. ADDRESS 4000 N. Florissant		23c. DATE SIGNED 8/6/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/8/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 8/7/55	REGISTRAR'S SIGNATURE <i>Nehemiah B. Donke, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Eleanor Province*.....

Licensed Embalmer No. *340*.....

P. O. Address *Jennings*.....

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.