

FILED MAR 27 1957

STANDARD CERTIFICATE OF DEATH

State File No. **10138**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2344**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St Louis</b>		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 <b>De Paul Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>3656 Blaine Ave</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Patrick</b> c. (Last) <b>Davis</b>		4. DATE OF DEATH Month <b>March</b> Day <b>7</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 21 1892</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stereotype Setter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Dispatch</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
13a. FATHER'S NAME <b>Joseph Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Ell n Quinn</b>		14. NAME OF HUSBAND OR WIFE <b>Adelaide Davis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>World War I</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adelaide Davis 3656 Blaine Ave</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial infarction</b> ANTECEDENT 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. <b>420.1</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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 <b>Sept. 1953</b> , to <b>3/7</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>3/7</b> 19 <b>57</b> , and that death occurred at <b>4:20 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert Polashnick M.D.</b>		23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>3/8/57</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/12/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks Mo</b>		
DATE REC'D BY LOCAL REG. <b>MAR 8 '57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mydell Funeral Home 1926 Allen Ave</b>		

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 *Reinhold K. Lehmann*.....

Licensed Embalmer No. 3398

P. O. Address St. Louis, Mo.

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.