

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18577

State File No. _____

FILED JUN 7 1957

3851

BIRTH NO. 33172-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | c. CITY OR TOWN <u>Berkeley</u> | 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 <u>30 Saint Louis Maternity</u> | | e. STREET ADDRESS (If rural, give location) <u>27 8507 Midwood Avenue</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Davis</u> c. (Last) <u>Davis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u> | 8. DATE OF BIRTH <u>April 22 1957</u> |
| 9. AGE (In years last birthday) <u>5</u> | IF UNDER 1 YEAR (Months) <u>15</u> | IF UNDER 1 MRS. (Hours) <u>5</u> | IF UNDER 1 MRS. (Mins) <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>---</u> |
| 13a. FATHER'S NAME <u>Dwight Louis Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Leona Mary Green</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leona Mary Davis Above</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - Respiratory Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature rupture of membranes</u> DUE TO (c) <u>---</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature rupture of membranes</u> | | | |

| | | |
|---|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>761.5</u> | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 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 April 22, 1957, to April 22, 1957, that I last saw the deceased alive on April 22, 1957, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

| | | | | |
|---|---|--|---|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>John E. Hobbs M.D.</u> | | 23b. ADDRESS <u>6308. Kingshighway</u> | | 23c. DATE SIGNED <u>4/24/57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>4-23-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 23 57</u> | REGISTRAR'S SIGNATURE <u>Carl Schmid</u> | 25. SUPERVISOR'S SIGNATURE <u>Sedlack Bros. St. Louis Ill</u> | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0
BIRTH # 9703

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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....
Anthony D. Sealla
Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.