Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

STATE FILE NUMBER 45744

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12263

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Luke's Hospital — Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 4957 McPherson — Reside on Farm Yes [ ] No [X] |

3. NAME OF DECEASED (Type or print): First Viola, Middle Margaret, Last Davis

4. DATE OF DEATH: Month December, Day 18, Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 31, 1892

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St.Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Gustave Kammerzell

13b. MOTHER'S MAIDEN NAME: Lillian Gardner

14. NAME OF HUSBAND OR WIFE: Charles R. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles R. Davis, Address: 4957 McPherson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Bilateral bronchopneumonia | 10 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Mitral stenosis and insufficiency due to rheumatic heart disease | 50 years |
| DUE TO (c) | Generalized arterioscleros is | years |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 410X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): ----

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: ----

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ----

20f. CITY, TOWN, OR LOCATION: ---- COUNTY STATE

21. I attended the deceased from January 30, 1954, to 12/18/57 and last saw her alive on 12/18/57. Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Baumgartner (Degree or title) M.D.

22b. ADDRESS: 3720 Washington Blvd. St.Louis

22c. DATE SIGNED: 12/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-21-57

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis Co., Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 20 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

## 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 Melvin L. Kempker

Licensed Embalmer No. 4052

P. O. Address 4911 Washington 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.