

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031313

STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2335

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, give TOWNSHIP only) OR TOWN Webster Groves, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves ⁴⁶⁰⁷ ₀
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 39 Rose Acre		Length of stay in lb VRS	d. STREET ADDRESS (If outside, give location) 39 Rose Acre
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Teny Middle Cora Last Davidson			4. DATE OF DEATH Month Sept. Day 8, Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH About? 1888	9. AGE (In years last birthday) 70?	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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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) Flint Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin Pratt	13b. MOTHER'S MAIDEN NAME Cora English	14. NAME OF HUSBAND OR WIFE Thomas
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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. None	17. INFORMANT Thomas Davidson, 39 Rose Acre, Webster Groves Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) generalized Arteriosclerosis		Chronic
	DUE TO (c) 332X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour p.m. Month, Day, Year	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Webster Groves	COUNTY St. Louis	STATE Mo.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20g. CITY, TOWN, OR LOCATION Webster Groves	COUNTY St. Louis	STATE Mo.
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21. I attended the deceased from **9/5/55** to **9/8/58** and last saw her alive on **8/21/58**
Death occurred at **1030 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Pm Chamas MD	22b. ADDRESS 634 No. Grand	22c. DATE SIGNED 9/9/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-9-58	23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	23d. LOCATION (City, town, or county) (State) Wentzville, Mo.
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24. FUNERAL DIRECTOR T. E. Pitman Funeral Home, Wentzville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9/9/58	26. REGISTRAR'S SIGNATURE Walter R. Donahue, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS APR 21 1957

VS AUG 26 1957
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 *Robert M. Murray*

Licensed Embalmer No. *3749*
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.