

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042673  
STATE FILE NUMBER

DEC 10 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3188

300  
1-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland <i>420x</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10559 Maddox Pl.		Length of stay in lb 5 years	d. STREET ADDRESS (If outside, give location) 10559 Maddox Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Erdine Mary Davis			4. DATE OF DEATH Month Day Year December 4, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1, 1874		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Aretus E. Black		13b. MOTHER'S MAIDEN NAME - - - - Holland		14. NAME OF HUSBAND OR WIFE John H. Davis, dec'd.	
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 Address John E. Davis, 10559 Maddox Place		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Myocardial ischemia</i> DUE TO (c) <i>arteriosclerosis 4201</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10.0.A.</i>
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"/> c
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>12/4/58</i> to <i>12/4/58</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>12/4/58</i> Death occurred at <i>1:30</i> a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>L.H. Williams, D.D.</i>			22b. ADDRESS <i>10426 Lackland rd</i>		22c. DATE SIGNED <i>12/5/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-6-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Park</i>	23d. LOCATION (City, town, or county) (State) <i>Normandy, Missouri</i>	
24. FUNERAL DIRECTOR <i>Baumann Bros. Inc. Overland, Mo.</i>		25. ADDRESS <i>2504 Woodson Rd</i>	26. DATE RECD. BY LOCAL REG. <i>12-5-58</i>	27. REGISTRAR'S SIGNATURE <i>Herbert R. Plank, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *David C. Gibson* .....

Licensed Embalmer No. *3454* .....  
P. O. Address *Overland* .....

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.