

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045556

STATE FILE NUMBER

1003

Registrar's No. 12423

FILED JAN 12 1958

Registration District No. 318

Primary Registration District No.

300  
1-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS (If outside, give location) 5644 Enright Ave.	
Length of stay in lb 3 Days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary F. Davenport		4. DATE OF DEATH Month Day Year 12 22 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 31, 1908
9. AGE (In years last birthday) 50		10. FUNDING YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Dr. C.M. MacBryde Coal City, Ind.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John W. Falk		13b. MOTHER'S MAIDEN NAME Eva Ellen Harstine	
14. NAME OF HUSBAND OR WIFE C. Marvin Davenport		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Bessie F. Sayle, Hobe Sound, Fla	
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>Gastric Hemorrhage</i> DUE TO (b) <i>2nd and 3rd degree burns of approximately 60% of the body</i> DUE TO (c) <i>E916.0 16</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate disease condition <i>as a result of carbon monoxide poisoning</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter name of injury in PART I or PART II of it) <i>striking the front of 5644 Enright Ave. about 11:30 p.m., December 19, 1958.</i>	
20c. TIME OF INJURY Hour Month, Day, Year 11:30 p.m. 12 19 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) 5 Navy St. Louis Mo	
20e. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 1551 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Name or title) John M. Drenn 3	
22b. ADDRESS 1300 Cedar		22c. DATE SIGNED 12/22/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/24/58	
23c. NAME OF CEMETERY OR CREMATORY Local Cemetery		23d. LOCATION (City, town, or county) (State) Coal City, Ind.	
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. DEC 23 '58	
26. REGISTRAR'S SIGNATURE Carl Smith Mo- m 23			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

City Coroner

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 *Warren A. Carver* .....

Licensed Embalmer No. *353* .....

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.