

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002851

STATE FILE NUMBER

2 874

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**DECEASED FEB 10 1959**

1. PLACE OF DEATH (Type or print)

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3656 Blaine Ave** Length of stay in lb **5yrs**

d. STREET ADDRESS (If outside, give location) **3656 Blaine Ave** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Adelaide M Davis**

4. DATE OF DEATH Month Day Year **Jan 24 1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH **Feb 8 1889** 9. AGE (In years last birthday) **69** 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 \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **St Louis Missouri** 12. CITIZEN OF WHAT COUNTRY? **U S**

13a. FATHER'S NAME **Jacob Schroll** 13b. MOTHER'S MAIDEN NAME **Elizabeth Stufeld** 14. NAME OF HUSBAND OR WIFE **William P Davis**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **Anthony Tepe 1206<sup>th</sup> Allen Ave**

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **acute Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **unknown**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_

DUE TO (c) **arteriosclerotic Heart Disease**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.0** 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT  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 **June 1946**, to **1/24/59** and last saw her alive on **1/16/59**  
Death occurred at **Spina Rehabilitation Center** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert Polashnick M.D.** 22b. ADDRESS **3720 Washington** 22c. DATE SIGNED **1/26/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **1/28/59** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **St Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **M. ydell Funeral Home 1926 Allen** 25. DATE RECD. BY LOCAL REG. **JAN 26 '59** 26. REGISTRAR'S SIGNATURE **Carl Smith M.D.**

(Licensed Embalmer's Statement on Reverse Side)

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  .....  
Licensed Embalmer No. 4899 .....

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.