THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002854
STATE FILE NUMBER
2 714

FILED FEB 4 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
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: City Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis 2189 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1447 Carr Lane — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY Middle JOHN Last DAVIS
4. DATE OF DEATH: Month Jan. Day 19, Year 1959
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May, 9, 1891
9. AGE (In years last birthday): 67 — 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): Chef
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Davis
14. MOTHER'S MAIDEN NAME: Anna Valentine
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.: 348-10-7754
17. INFORMANT: Constance Davis Address: 1447 Carr Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of Skull;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain Injury.
DUE TO (c) E900.0 21
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 ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DEVICE OR MEANS OF INJURY (Enter injury listed in Part I above item 18) Suffered a fall due to state of drunk to walk below at Home
20c. TIME OF INJURY Hour 615 p.m. Month, Day, Year 1 2 59 about 615 pm. on January 1959.
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.) 185 Home
20f. CITY, TOWN OR LOCATION: St Louis COUNTY: STATE: Mo

21. I attended the deceased from ..... to ..... and last saw her/him alive on .....
Death occurred at 535 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Peggy M Lucas (Degree or title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 1/22/59

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

24. FUNERAL DIRECTOR: CHULICK UND. CO. ADDRESS: 1722 S. Jefferson
25. DATE RECD. BY LOCAL REG.: JAN 22 '59
26. REGISTRAR'S SIGNATURE: J Carl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....V.E. Morris.....

Licensed Embalmer No. 3

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.