

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016214
STATE FILE NUMBER

15 MAY 7 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 954

1. PLACE OF DEATH a. COUNTY St. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PINE LAWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SHAMROCK NURSING HOME		Length MONS.	d. STREET ADDRESS 3850 WESTMINSTER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CELESTE Middle Last DAVISON			4. DATE OF DEATH APRIL 7 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 26, 1877	9. AGE (In years last birthday) 81	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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. LOUIS, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES HENNING		13b. MOTHER'S MAIDEN NAME LOUISE		14. NAME OF HUSBAND OR WIFE DECEASED	
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. unk.	17. INFORMANT WILLIAM T COOKE Address 427 ARGENT		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric thrombosis Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Auricular fibrillation DUE TO (c) Arteriosclerotic Heart disease					INTERVAL BETWEEN ONSET AND DEATH unknown over 1 day unknown
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 420.0		
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 March 18, 1959 to April 7, 1959 and last saw her alive on April 6, 1959 Death occurred at 10:05A on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Leives Sellmann MD. (Degree or title)			22b. ADDRESS 8231 Clayton Rd		22c. DATE SIGNED 4/8/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4/10/1959	23c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL CEM		23d. LOCATION (City, town, or county) (State) St. LOUIS, Mo.
24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS ADDRESS 7027 GRAVOIS			25. DATE RECD. BY LOCAL REG. 4-8-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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 *Donald E. Berry*

Licensed Embalmer No. *4863*

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.