

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026541

FILED VS JUL 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6796** STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 8 Months	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5797 Westminster Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5797 Westminster Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) WILMA SMITH DAVIS			4. DATE OF DEATH Month July Day 21 Year 1959		
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1899	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____ 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 Own Home	11. BIRTHPLACE (City and state or country) Bellefleur, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Smith		13b. MOTHER'S MAIDEN NAME Emma Spires		14. NAME OF HUSBAND OR WIFE Edgar L. Davis	

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. 488-34-3377	17. INFORMANT Mr. Russell P. Holder	Address 5797 Westminster
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 minutes
IMMEDIATE CAUSE (a) Medullary failure		
DUE TO (b) Acute pulmonary failure		
DUE TO (c) Acute myocardial infarction		5 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardiovascular disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <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 Bellefleur, Missouri
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21. I attended the deceased from **7/17/59** to **7/20/59** and last saw ^{her}him alive on **7/20/59**
Death occurred at **10A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin Glazer (Degree or title) D.O.	22b. ADDRESS 5507 Pershing Ave.	22c. DATE SIGNED 7/21/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-23-59	23c. NAME OF CEMETERY OR CREMATORY Bellefleur Cemetery	23d. LOCATION (City, town, or county) (State) Bellefleur, Missouri
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. JUL 21 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Martin Glazer

5507 Pershing Ave.

FO. 7-4448

until 6 PM Tues.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jose M. Cull

Licensed Embalmer No. 276

P. O. Address 617 PL

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.