

FILED VS JUL 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027422
State File No.

| | | | | | | | | |
|--|--|---|---|---|----------------------|--|-------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>544</u> | | Registrar's No. <u>1897</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> c. LENGTH OF STAY (In this place) <u>DOA</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Jennings</u> <u>4138</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>6808 Emma Avenue</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>LEE</u> c. (Last) <u>Davies</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 14 59</u> | | 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>5-25-91</u> | | 9. AGE (In years last birthday) <u>68</u> 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) <u>housewife</u> | | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>James L. Daugherty</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>Susan Primble</u> | | 14. NAME OF HUSBAND OR WIFE <u>William P. Davies Sr.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do not know) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>488-44-2796</u> | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>William P. Davies, Jr., Hannibal, Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible Myocardial infarction</u> ANTECEDENT CAUSES <u>Coronary thrombosis</u> <u>Coronary arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH _____ | | 19a. DATE OF OPERATION _____ | | |
| 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | |
| 22. I hereby certify that I attended the deceased from <u>6/15</u> , 19 <u>59</u> , to <u>6/23</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>6/23/59</u> , and that death occurred at <u>9:47 P.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>601 So Brentwood Blvd Clayton</u> | | 23c. DATE SIGNED <u>7/15/59</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>7-15-59</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u> | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7-16-59 [Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>White-Mullen Mortuary, Ferguson, Mo.</u> | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ronald F. Johnson*.....

Licensed Embalmer No. *2395*.....

P. O. Address *St. Louis 351*.....

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.