URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH -60-008102

FILED VS MAR 14 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2736 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 3 Days

c. CITY OR TOWN Berkeley — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hosp. — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 6711 Black Walnut Dr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last DAVENPORT

4. DATE OF DEATH Month 2-23-60 Day Year

5. SEX Male

6. COLOR OR RACE White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 2-12-60

9. AGE (last birthday) IF UNDER 1 YEAR Months Days 11 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Floyd D. Davenport

13b. MOTHER'S MAIDEN NAME Alita Weahner

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Floyd D. Davenport Address 6711 Black Walnut Dr

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 |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiac failure | 24 hr |
| DUE TO (b) | pulmonary hypertension | 24 hr |
| DUE TO (c) | Congenital heart disease 754.5 | 11 days |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-12-60, to 2-23-60 and last saw ~~her~~ him alive on 2-22-60
Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chester P. Lynxwiler M.D.

22b. ADDRESS 3438 So. Grand Ave. St. Louis, Mo.

22c. DATE SIGNED FEB 27 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-25-60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR White-Mullen ADDRESS 118 N. Florissant Rd. Ferg.

25. DATE RECD. BY LOCAL REG. FEB 24 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Reinhold K. Johnson

Licensed Embalmer No. 3395

P. O. Address St. Louis 35

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