

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **915 N GRAND, ST LOUIS, MO.** Length of stay in 1b **17 DAYS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VETS ADMIN HOSPT.** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY _____
 c. CITY OR TOWN **SAINT LOUIS** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **3616 HOLT** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CURTIS E. DAVIS
 4. DATE OF DEATH Month Day Year
NOVEMBER 26 1960
 5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **7/20/92** 9. AGE (last birthday) **68**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED** 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and state or country) **PIKE CO., IND.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**
 13a. FATHER'S NAME **WILLIAM B. DAVIS** 13b. MOTHER'S MAIDEN NAME **ALICE COCHRAN** 14. NAME OF HUSBAND OR WIFE **CHRISTENA DAVIS**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give war or dates of service) **WW I** 16. SOCIAL SECURITY NO. **UNK.** 17. INFORMANT **CHRISTENA DAVIS, 3616 HOLT, ST. LOUIS, MO.** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **CEREBRO-VASCULAR ACCIDENT** INTERVAL BETWEEN ONSET AND DEATH **DAYS**
 DUE TO (b) **POST OPERATIVE BLADDER CARCINOMA** **UNK.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **1810**
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **HUNTINGDONS CHOREA**
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 **VAH, ST. LOUIS, MO.** COUNTY _____ STATE _____
 21. I attended the deceased from **11/9/60** to **11/26/60** and last saw **him** live on **11/26/60**
 Death occurred at **5:21** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Type or print) **Alexander Maitland III** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **11/26/60**
 23. BURIAL, CREMATION, OR REMOVAL (Type or print) **REMOVAL** 23b. DATE **11-29-1960** 23c. NAME OF CEMETERY OR CREMATORY **VALHALLA - CREMATORY** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS, CO MO**

24. FUNERAL DIRECTOR (Type or print) **WINGBERMUEPPEL** 25. DATE RECD. BY LOCAL REG. **NOV 28 1960** 26. REGISTRAR'S SIGNATURE **Roal Smith, M.D.**
 3180 S GRAND - ST LOUIS, MO. 63103

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo J. Kimpfhermer

Licensed Embalmer No. 481

P. O. Address Ham 18

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