

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

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) St. Louis				Length of stay in 1b 5 yrs.		c. CITY OR TOWN Cairo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Medical Center				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 611 Washington	
3. NAME OF DECEASED (Type or print) First Middle Last AMALIA EHS DAVIS				4. DATE OF DEATH Month Day Year Aug. 26, 1961			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-24-73	
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Cairo, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		14. NAME OF HUSBAND OR WIFE widowed	
13a. FATHER'S NAME Peter Ehs				13b. MOTHER'S MAIDEN NAME Dorothea Rees		17. INFORMANT George Koehler, 5 S. Taylor, St. Louis	
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. None		17. INFORMANT Address	
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) Pneumonia							3 days
DUE TO (b) Generalized Arteriosclerosis							many years
DUE TO (c) 4500							
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. <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		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 July - 1945 to 8-26-1961 and last saw her alive on 8-24-61 Death occurred at 12:55 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, or title) <i>E. M. Charles</i>				22b. ADDRESS 110 S. Central St. Louis, Mo.		22c. DATE SIGNED 8-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-28-61	23c. NAME OF CEMETERY OR CREMATORY Cairo City Cemetery		23d. LOCATION (City, town, or county) Villa Ridge, Ill.		(State)
24. FUNERAL DIRECTOR Berbling-Karcher Cairo, Ill.				25. DATE RECD. BY LOCAL REG. AUG 28 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Gassly

Licensed Embalmer No. 7541

P. O. Address E. M. Lewis, Ill.

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.