

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-038450

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9377 STATE FILE NUMBER

FILED OCT 26 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO Length of stay in 1b 8 Wks.
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4341 Westminster Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last DILLIE DAVIS 4. DATE OF DEATH Month OCT. Day 10, Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-12-79 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR 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 Home 11. BIRTHPLACE (City and state or country) Caruthersville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Burris 13b. MOTHER'S MAIDEN NAME Nantie (unknown) 14. NAME OF HUSBAND OR WIFE Perry 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. Unknown 17. INFORMANT Paul M. Jones, 9111 Ellison Dr. 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) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200

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

21. I attended the deceased from 10/3/61 to 10/10/61 and last saw her/him alive on 10/10/61. Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David L. Beato, M.D. 22b. ADDRESS 1515 LAFAYETTE AVE 22c. DATE SIGNED 10/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 10-12-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. OCT 10 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 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 by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.