MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007949
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 855

FILED FEB 16 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3910 Clayton Avenue
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN: Belleville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 414 North 39th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANNA Middle: M. Last: DAVIES

4. DATE OF DEATH: Month January Day 17 Year 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/21/84
9. AGE (last birthday): 77
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:
11. BIRTHPLACE (City and state or country): Cicero, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Ben F. Harper
13b. MOTHER'S MAIDEN NAME: Parmelia Allison
14. NAME OF HUSBAND OR WIFE: Arthur L. Davies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: C. H. Klein Address: 3910 Clayton St Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1

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 ☐ 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 12-22-61, to 1-17-62 and last saw her alive on 1-17-62
Death occurred at 2 15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Norman Bailey (Degree or title) MD
22b. ADDRESS: 6356 Clayton Ad. St Louis 17 Mo
22c. DATE SIGNED: 1-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/22/62
23c. NAME OF CEMETERY OR CREMATORY: Lake View Memorial
23d. LOCATION (City, town, or county) (State): Belleville, Illinois.

24. FUNERAL DIRECTOR: Albert Schaller ADDRESS: Belleville, Ill.
25. DATE RECD. BY LOCAL REG.: JAN 19 1962
26. REGISTRAR'S SIGNATURE: Boad Smith M.D.

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 Virgil A. Bergman

Licensed Embalmer No. 3697

P. O. Address Belleville, 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.