

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013179

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3635** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
1		
2 2/5/63		
3		
4 0		
5 1		
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7 0		
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10		
11		
12 63-0		
13		
63	INSTEAD OF	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
DOCUMENT		
MEDICAL CERTIFICATION		
BY AFFIDAVIT OF		
ITEM NO. SHOULD READ		
USE BLACK INK OR TYPEWRITER RIBBON		

FILED APR 8 1963	
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) OR TOWN St. Louis	a. STATE Mo. b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hospital	c. CITY OR TOWN St. Louis d. STREET ADDRESS (If outside, give location) 5111 Dresden
3. NAME OF DECEASED First Middle Last	
Ralph E. Davis	
4. DATE OF DEATH Month Day Year	
March 27 1963	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/20/1903
9. AGE (last birthday) 60	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) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Mo. Steel-Wire
11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Davis	13b. MOTHER'S MAIDEN NAME Julia Bunch
14. NAME OF HUSBAND OR WIFE Irene Davis	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None
16. SOCIAL SECURITY NO.	17. INFORMANT Address Irene Davis 5111 Dresden
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebrovas	INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 581.0	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ch. Myocarditis. Periodic	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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 11-25-62 to 3-27-63 and last saw him alive on 3-27-63	
Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Andrew J. K. Reine, M.D.	22b. ADDRESS 4632 So Grand
22c. DATE SIGNED 3-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar 30, 1963
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR ADDRESS Schumacher 3013 Meramec Str.	25. DATE RECD. BY LOCAL REG. MAR 29 1963
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

Dr. Andrew Klein

4632 D. Road

783-9220

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 *Jack Haept*

Licensed Embalmer No. *4746*

P. O. Address *St James Mo*

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.