

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0042813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3488 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 2 1964

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Florissant		Length of stay in lb 1 1/2 Yrs.	c. CITY OR TOWN Florissant,
c. FULL NAME OF (If NOT in hospital, give location) 3965 Nara Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3965 Nara Dr.

3. NAME OF DECEASED (Type or print) ANNA M. DAVIS			4. DATE OF DEATH Oct. 16, 1964	
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 5-8-1882	9. AGE (last birthday) 82
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) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Robert T. Mahaffy		13b. MOTHER'S MAIDEN NAME Jean Wakeham		14. NAME OF HUSBAND OR WIFE Fred L. 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. None	17. INFORMANT Jean Ann Adrian, Florissant, Mo.	

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 6 HOURS
IMMEDIATE CAUSE (a) MYOCARDIAC FAILURE		FEB. '64
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CEREBRO-VASCULAR ACCIDENT	
	DUE TO (c) SENILE CEREBRAL ARTERIOSCLEROSIS	

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	
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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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 **JUNE 22 1964** to **OCTOBER 16** and last saw her/him alive on **OCTOBER 16, 1964**
 Death occurred at **3:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harold S. Hoover DC</i>	(Degree or title) DC	22b. ADDRESS 2935 DERHAKE RD. FLORISSANT, MO.	22c. DATE SIGNED 10/17/64
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-19-64.	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR White-Mullen Mort. Ferguson, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-17-64	26. REGISTRAR'S SIGNATURE <i>John C. Murphy, M.D.</i>
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF
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(Licensed Embalmer's Statement on Reverse Side)



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 Hadley D. Geller Jr
Licensed Embalmer No. 4950

P. O. Address St Louis 35

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.