

CERTIFICATE OF DEATH
FILED AUG 21 1969

318

124
1003

69 0034653
7566

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

9. 1
10a. 70
10b. _____
11. 0
12. 2
13. 2509
14. _____
15. 4
16. _____
17. _____
18. _____
19. CREDITS
20. _____

VS 300
Rev. 1/68

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. AUGA LORINE DAVIS		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 7, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 70	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
DATE OF BIRTH (MONTH, DAY, YEAR) 6. Feb. 1, 1899		COUNTY OF DEATH 7a. _____	
CITY, TOWN, OR LOCATION OF DEATH 7b. St. Louis		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Parkside Manor Nursing Home	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. -	
SOCIAL SECURITY NUMBER 12. 493-24-6968		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife	
RESIDENCE—STATE COUNTY 13b. Missouri 14b. St. Louis		CITY, TOWN, OR LOCATION 14c. _____	
FATHER—NAME FIRST MIDDLE LAST 14d. Frederick Motley		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Winifred English	
INFORMANT—NAME 17a. Gerald R. Davis		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 3934 Colony Gardens Drive, St. Louis, Mo. 63125	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE M/OCARDIAL INFARCTION			1 Hour
DUE TO, OR AS A CONSEQUENCE OF: (b) HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE			10 year
DUE TO, OR AS A CONSEQUENCE OF: (c) DIABETES MELLITUS			25 year
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)) LEFT WARTHIGH AMPUTATION, 1966 DIABETIC GANGRENA			AUTOPSY (YES OR NO) 19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. _____			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. _____	DATE OF INJURY (MONTH, DAY, YEAR) 20b. _____	HOUR 20c. _____	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d. _____
INJURY AT WORK (SPECIFY YES OR NO) 20e. _____	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY) 20f. _____	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. _____	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. Nov 15 1955 TO AUG 7 1969	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21b. JAN 2 1969	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. DID NOT	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) 21e. 10 P
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22. _____			
CERTIFIER—NAME (TYPE OR PRINT) 23a. Dr. Robert A. Mayer	SIGNATURE 23b. Robert A. Mayer	DEGREE OR TITLE 23c. _____	DATE SIGNED (MONTH, DAY, YEAR) 23d. 8/8/69
MAILING ADDRESS—CERTIFIER 23d. 950 Francis Place St. Louis Missouri			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Removal	CEMETERY OR CREMATORY—NAME 24b. Mt. Hope Cemetery	LOCATION CITY OR TOWN STATE 24c. St. Louis County, Missouri	
DATE (MONTH, DAY, YEAR) 24d. August 11, 1969			
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Kriegshauser, 4228 S. Kingshighway, St. Louis, Mo. 63109		FUNERAL DIRECTOR—SIGNATURE 25b. Robert E. Kriegshauser	
REGISTRAR—SIGNATURE 26a. Melvin Jess, M.D.		DATE RECEIVED BY LOCAL REGISTRAR 26b. AUG 8 1969	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Handwritten notes:
8-5
8-8-69
Gerald R. Davis

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

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address St Louis

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.