

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20937**  
**9383**

FILED JUL 9 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>oro</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, MO</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, MO</b>		17a
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>11-2517 CORA</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sally</b> b. (Middle) <b>Davis</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 28 1949</b>		
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5. SEX <b>F-3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 27, 1896</b>	9. AGE (In years last birthday) <b>52</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Gerald, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>Bural Osborne</b>		13b. MOTHER'S MAIDEN NAME <b>Sally L. Melburne</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Davis</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Davis 2517 CORA</b>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>93 MO</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by X</b>	
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22. I hereby certify that I attended the deceased from **5-17-** 19**49**, to **6-28-** 19**49**, that I last saw the deceased alive on **6-28**, 19**49**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James J. Hedrick M.D.</b>		23b. ADDRESS <b>2607 N. Robidoux</b>		23c. DATE SIGNED <b>6/28/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 2, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, MO</b>		
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DATE REC'D BY LOCAL REG. <b>JUN 28 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Casater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. A. Bruce 4169 Washington</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed Frederick P. Stark.....

Licensed Embalmer No. 4599.....

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 this body is not embalmed, fact should be so stated above.