.S. No. 300
EV. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31698

BIRTH NO. 30474-49 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 8496

1. PLACE OF DEATH
a. COUNTY St.-Louis,-Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Inf.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis
d. STREET ADDRESS (If rural, give location) 16 South 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Barbra
b. (Middle) Ann
c. (Last) Davis

4. DATE OF DEATH (Month) Oct. (Day) 1, (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No
8. DATE OF BIRTH May 23, 1949
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months 4 Days 7 | IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) East St Louis, Illinois
12. CITIZEN OF WHAT COUNTRY? American
13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Ozella Davis
14. NAME OF HUSBAND OR WIFE No
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ozella Davis **ADDRESS** 16 South 8th Street

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, asthenia, etc: It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dextrocardia, situs Inversus — INTERVAL BETWEEN ONSET AND DEATH May 23-1949 to Oct. 1, '49

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1949, *to* Oct 1, 1949 *that I last saw the deceased alive on* Oct. 1, 1949, *and that death occurred at* 6:37 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clifford A. Hancock MD
23b. ADDRESS 360 A. So. 15th St. E St. Louis
23c. DATE SIGNED Oct 3 '49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE Oct. 1, 1949
24c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery
24d. LOCATION (City, town, or county) East St. Louis, Illinois (State)

DATE REC'D BY LOCAL REGISTRAR OCT 3 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE P. Q. Criggler **ADDRESS** 1036 Tudor Avenue

(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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.