

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38631**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10004**

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | 3837 Easton Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Benettee | | b. (Middle) | |
| c. (Last) Davis | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1949 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH April 23, 1920 |
| 9. AGE (In years last birthday) 29 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician | | 10b. KIND OF BUSINESS OR INDUSTRY Beauty Work | 11. BIRTHPLACE (State or foreign country) Mount Sterling, Ky. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Vanston, Morton | |
| 13b. MOTHER'S MAIDEN NAME Susie Kelly | | 14. NAME OF HUSBAND OR WIFE Divorced | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. Unk. | |
| 17. INFORMANT'S SIGNATURE OR NAME Vanston Morton | | ADDRESS 3623 Cook Ave. | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver with Hepatic Insufficiency | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Undetermined | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia and Shock | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) St. Louis | |
| 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? 5811 | | 22. I hereby certify that I attended the deceased from 11-18 , 19 49 , to 11-20 , 19 49 , that I last saw the deceased alive on 11-20 , 19 49 , and that death occurred at 8:08 a. m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) James J. Ledrick, M.D. | | 23b. ADDRESS 2601 N Whittier St. | |
| 23c. DATE SIGNED 11-21-49 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 11/23/49 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts | |
| 25. DATE REC'D BY LOCAL REG. NOV 27 1949 | | ADDRESS 1416 N. Taylor Ave. | |

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

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 3

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.