

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42402

State File No. 10583

FILED DEC 27 1949

318

1003

Registrar's No.

10583

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3-27-49</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>931 Cabany Court</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Infirmiry Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>931 Cabany Court</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1949</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Dec. 6, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Creed Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Emmett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME/ ADDRESS <u>City Infirmiry Records 5800 Arsenal St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid Carcinoma of Buccal mucosa</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>well regional metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
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) <u>452</u>		21f. HOW DID INJURY OCCUR? <u>12/1/49</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar 22, 1949</u> , to <u>Dec 1, 1949</u> , that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Masao Ohmori M.D.</u>				23b. ADDRESS <u>5800 Arsenal</u>		23c. DATE SIGNED <u>12/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>DEC 9 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>City of St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 9 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarator</u>		FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Ryan - 5800 Arsenal</u>			

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

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100
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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.....

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.