

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1950

State File No. **2414**
 Registrar's No. **240**

2059

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 - MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Howe H. Phillips		d. STREET ADDRESS (If rural, give location) 2633 Market Pl.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Helen c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1950	
5. SEX F	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 18 1917
9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during last year of life, even if retired) Child	11. BIRTHPLACE (State or foreign country) ST. Louis MO
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Harry Davis		13b. FATHER'S MAIDEN NAME Lila Mae Harbo	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lila MacLain ADDRESS 2633 Market Pl.
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, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide poisoning suffered as a result of a fire in kitchen DUE TO (b) deceased inhaled smoke from fire resulting from explosion of hot stove in home 2633 Market DUE TO (c) Market St around 9:35 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Jan 6 1950 Damage to Building \$500.00 contents \$100.00	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO 6424			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 6 50 9:35 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Hot Stove			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 p.m. , from the causes and on the date stated above.			
23. SIGNATURE Patrick E. Taylor (Degree or title) Coroner 3		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 12/50	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JAN 10 1950		25. FUNERAL DIRECTOR'S SIGNATURE F. G. Green ADDRESS 4214 Delmar	

WRITE PLAINLY—USING UNFADING 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 *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 DeLuan*

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.