

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14456

State File No. ....

318 G. PHILLIPS HOSPITAL 1003

Registrar's No. 3363

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3363			
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		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3103 Bell avenue				e. STREET ADDRESS (If rural, give location) 3103 Bell ave.				0	
3. NAME OF DECEASED (Type or Print) a. (First) Lucy			b. (Middle)			c. (Last) Davis			
4. DATE OF DEATH (Month) (Day) (Year) April 8, 1950			5. SEX Female 3			6. COLOR OR RACE Colored			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH May 8, 1878			9. AGE (In years last birthday) 71			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Porthunter, Tenn.			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Samuel Davis			13b. MOTHER'S MAIDEN NAME ?			
14. NAME OF HUSBAND OR WIFE Widowed			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			
17. INFORMANT'S SIGNATURE OR NAME Mammie Wilson			ADDRESS 3103 Bell 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) Acute Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 8 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				DUE TO (c)				2 years	
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	
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) H.H. 31		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 4/1, 1950, to 4/8, 1950, that I last saw the deceased alive on 4/8, 1950 and that death occurred at 2 A. M., from the causes and on the date stated above.									
23a. SIGNATURE Vaughn S. Payne (Degree or title)				23b. ADDRESS 3146 Euclid				23c. DATE SIGNED 4/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 13, 50		24c. NAME OF CEMETERY OR CREMATORY Greenwood cem.		24d. LOCATION (City, town, or county) St. Louis, county, Mo.		(State)	
DATE REC'D BY LOCAL REG. APR 11 1950		REGISTRAR'S SIGNATURE J. B. Lasker			25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son 2629-31 Cole Street				

Dr. Vaughn S. Payne  
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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

**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.