

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1885

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No.			
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) 26 OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 26 OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2307a N. 14th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2307a N. 14th St.				d. STREET ADDRESS (If rural, give location) 2307a N. 14th St.					
3. NAME OF DECEASED (Type or Print) Sarah		a. (First)		b. (Middle)		c. (Last) Davis			
4. DATE OF DEATH June 1, 1950.		4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH December 15, 1885			
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hamm		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE William S. Davis			
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 ADDRESS Mr. William S. Davis 2307a N. 14th St.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of the</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Carcinoma Stomach</i> 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 <i>9 mo</i> <i>1 yr.</i>	
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) <i>St. Louis</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>151X</i>					
22. I hereby certify that I attended the deceased from <i>May 31, 1950</i> to <i>June 1, 1950</i> that I last saw the deceased alive on <i>5/21, 1950</i> and that death occurred at <i>1:30 pm.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>J. D. Peels</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>2505 N. Floumont</i>		23c. DATE SIGNED <i>6-1-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial (1)</i>		24b. DATE <i>6-2-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>JUN 2 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sarate</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son, Inc. 2161 E. Fair Ave.</i>					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student, Embalmer

Signed:

Glen W. Hayes

Student Embalmer No.....

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Missouri*

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.