No. 300
10.48

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42149

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10422

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Infrm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2229
d. STREET ADDRESS (If rural, give location) 823 So. 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First) BENNY
b. (Middle) LEE
c. (Last) DAVIS JR.

4. DATE OF DEATH (Month) DEC. (Day) 4 (Year) 1950

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 8-2-1950
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS. Hours Min.

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) Starksdale Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BERNARD DAVIS
13b. MOTHER'S MAIDEN NAME MARY ANN MOORE
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME MARY ANN DAVIS ADDRESS 823-So-6th 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull; Subarachnoid Hemorrhage; suffered when the Marcella Cab driven by one

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Clasion Brett (Col.) in which the deceased was a passenger collided with an
DUE TO (c) automobile driven by one Max Goldenberg at the intersection of 6th & Clark Aves., around 4:00 P.M. Dec. 2nd, 1950

INTERVAL BETWEEN ONSET AND DEATH

11. 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 000
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 8166
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/2/50 4:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? See Above 126

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 8:35 A. m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph McLeum Jr. (Degree or title) Jr. Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 12/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-7-1950
24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

DATE REC'D BY LOCAL REG. DEC 7
REGISTRAR'S SIGNATURE J. B. Casater
25. FUNERAL DIRECTOR'S SIGNATURE McClair & Rouse Elice
ADDRESS 3703 CHENTEAU

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed Leroy H. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Euston Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.