

FILED MAY 12 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13958

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3985**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>St Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	<b>2119</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS <b>3950 Fairfax Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>Minnie</b>	a. (First)	b. (Middle) <b>Davis</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 25 1951</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>9-15-1910</b>	9. AGE (In years last birthday) <b>40</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hotel Work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hermitage Ark</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John Turner</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Hood</b>	14. NAME OF (HUSBAND) OR WIFE <b>Willie Davis (Dead)</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Jelma Turner</b>	ADDRESS <b>915 N. 18th St.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Possible G. I. Malignancy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>159X</b>

22. I hereby certify that I attended the deceased from **4-6**, 19**51**, to **4-25**, 19**51**, that I last saw the deceased alive on **4-25**, 19**51**, and that death occurred at **1:35a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. L. Swiley</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>4-26-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>4-29-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>MO</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 27 1951</b> <b>J. B. Kautz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gus Lowe</b>	ADDRESS <b>2930 Dickson St.</b>
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(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.....

William G. Lowe

working under my personal supervision.

Student Embalmer No. 399

Signed William G. Lowe  
Student Embalmer

Signed Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address. 3880 Easton Av

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.