No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40211

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3654

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefontaine Neighbors
c. LENGTH OF STAY (in this place): 11 mo. 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Tr. School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 St. Louis County 4020
d. STREET ADDRESS (If rural, give location): 10695 Bellefontaine Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): May
b. (Middle):
c. (Last): Davidson

4. DATE OF DEATH (Month) (Day) (Year): 11 9 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 6, '41
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months 5, Days 2 — IF UNDER 24 HRS.: Hours 9, Min. 45

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): Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Bohanon Davidson
13b. MOTHER'S MAIDEN NAME: Leona Scurlock
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.: —
17. INFORMANT'S SIGNATURE OR NAME: Records of St. Louis St. Tr. Sch. — ADDRESS: 10695 Bellefontaine Rd.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition. — INTERVAL BETWEEN ONSET AND DEATH: 11 mos. 30 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Idiopathic congenital Megacolon. — 10½ yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bilateral hydronephrosis; Osteogenesis imperfecta. — Life.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

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): 7562
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10-, 1950, *to* 11-9, 1951, *that I last saw the deceased alive on* Nov. 9, 1951, *and that death occurred at* 9 45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dorothy M. Ellersieck D. M.D.
23b. ADDRESS: 10695 Bellefontaine Rd.
23c. DATE SIGNED: 11-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Oakland Miss
24b. DATE: 11-11-51
24c. NAME OF CEMETERY OR CREMATORY: Zion Grove Cemetery
24d. LOCATION (City, town, or county): OAKLAND (State): Miss

DATE REC'D BY LOCAL REG.: 11-10-51
REGISTRAR'S SIGNATURE: Herbert P. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Gus Lowe — ADDRESS: 2930 Dickson St.

(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 Easton Ave

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.