S. No. 300
v. 10.48

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

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14179

BIRTH NO. 10058 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3408

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): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
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): 2608 Rutger 22

3. NAME OF DECEASED (Type or Print)
a. (First): Bennie
b. (Middle): Merrill
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1952

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child 0
8. DATE OF BIRTH: Jan. 21, 1952
9. AGE (In years last birthday): 5 wks
If under 1 year: Months / Days
If under 1 day: 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: None
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Bennie Davis,
13b. MOTHER'S MAIDEN NAME: Hattie Bell Davis
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Life

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensated Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7544

22. *I hereby certify that I attended the deceased from* 2-27, 1952, *to* 4-9, 1952, *that I last saw the deceased alive on* 4-9, 1952, *and that death occurred at* 2:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE Odessa Khalon (Degree or title) M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 4-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 12/52
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG. APR 11 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. A. Grear 4214 Delmar
(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 124 Delman

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.