

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36291

State File No.

Registral's No. 9569

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registral's No. 9569				
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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS 3127 Caroline						
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) Wilbert		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1952			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 11, 1925		9. AGE (In years last birthday) 27		
						IF UNDER 1 YEAR Months Days Hours Min.		1 2		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZENSHIP OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wilbert Davis			13b. MOTHER'S MAIDEN NAME Lena Peterson			14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Wilbert Davis 3127 Caroline				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sickle Cell Anemia						INTERVAL BETWEEN ONSET AND DEATH Undet.		
		ANTECEDENT CAUSES DUE TO (b) Undetermined								
		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 <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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2926						
22. I hereby certify that I attended the deceased from 10-12 1952, to 10-13 1952, that I last saw the deceased alive on 10-13 1952, and that death occurred at 6:45p m., from the causes and on the date stated above.										
23. SIGNATURE Charles H. Herde (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St			23c. DATE SIGNED 10-14-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-20-52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.				
DATE REC'D BY LOCAL REG. OCT 17 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE E. B. K... 122th...					

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed C. C. Jones

Licensed Embalmer No. 4755

P. O. Address 127 N. Grand

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.