

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 20370

BIRTH NO. 38576-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5114

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois b. COUNTY St. Clair XI-20

c. CITY OR TOWN St. Louis Mo 0 c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary e. STREET ADDRESS (If rural, give location) 1101 1/2 North 3rd

3. NAME OF DECEASED (Type or Print) a. (First) Gregory b. (Middle) c. (Last) Davis 4. DATE OF DEATH (Month) (Day) (Year) 5 31 54

5. SEX male 2 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 8. DATE OF BIRTH 5-30-54 9. AGE (In years last birthday) 10. MONTHS 11. DAYS 32

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State, or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Louis Davis 13b. MOTHER'S MAIDEN NAME ERNESTINE STEWARD 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 x Ernestine Davis 18. ADDRESS 1101 1/2 No. 3rd St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis
ANTECEDENT CAUSES DUE TO (b) Prematurity
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 7625

22. I hereby certify that I attended the deceased from 5-30, 1954, to 5-31, 1954, that I last saw the deceased alive on 5-31, 1954, and that death occurred at 5:32 p.m., from the causes and on the date stated above.

23a. SIGNATURE Carl J. Henderson (Degree or title) 23b. ADDRESS 362 A 80 15th East St. St. Louis, Mo. 23c. DATE SIGNED 6/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 6-30-54 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 9 1954 REGISTRAR'S SIGNATURE J. Carl Smith mxb FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker Mortuary Service 4104 Manchester Ave. Louis 10, Mo.

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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