

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9287

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|--|--|--|--|
| 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 town) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 1706 Carr Drive 25 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) George | | b. (Middle) B. | | c. (Last) Davis | | 4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 54 | |
| 5. SEX Male | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 2-2-1888 | |
| 9. AGE (in years last birthday) 66 | | IF UNDER 1 YEAR 8 Months | | IF UNDER 1 YEAR 8 Days | | IF UNDER 1 YEAR 8 Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter | | 10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric | | 11. BIRTHPLACE (City and State or Foreign Country) Mounds, Louisiana | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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|--|--|-------------------------------------|--|---|--|
| 13a. FATHER'S NAME Sparks Davis | | 13b. MOTHER'S MAIDEN NAME Addie ? | | 14. NAME OF HUSBAND OR WIFE Ada Davis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 498-03-6871 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Davis, 1706 Carr Street | |

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|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter 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) Pulmonary Tuberculosis Far Advanced ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 002X | |
| 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? | |

22. I hereby certify that I attended the deceased from 9-29, 1954, to 10-10, 1954, that I last saw the deceased alive on 10-10, 1954, and that death occurred at 6:00P m., from the causes and on the date stated above.

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|---|--|-------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Roy Jerome Williams M.D. | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 10-13-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-14-54 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Ceme. | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |

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| DATE REC'D BY LOCAL REG. OCT 13 1954 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS People's Und. Co., 3100 Franklin Av | |
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m. J. B. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. Claude Good*

Licensed Embalmer No. *34*

P. O. Address *45756*

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.