

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **42304**  
Registrar's No. **10535**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis-Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. CITY OR TOWN <b>St. Louis</b> 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		e. STREET ADDRESS (If rural, give location) <b>4351 St. Louis Ave</b> 2709	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Catherine</b>	b. (Middle) _____	c. (Last) <b>Davis</b>	(Month) <b>Nov</b>	(Day) <b>15</b>	(Year) <b>1954</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>3 Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>24 Aug 1924</b>	9. AGE (In years last birthday) <b>30</b>	# UNDER 1 YEAR Months _____	# UNDER 1 YEAR Days _____	# UNDER 1 YEAR Hours _____	# UNDER 1 YEAR Mins _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NO</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>
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13a. FATHER'S NAME <b>Russell Gaw</b>	13b. MOTHER'S MAIDEN NAME <b>Wilda Mitchell</b>	14. NAME OF HUSBAND OR WIFE <b>Mr Milton Davis</b>
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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 <b>Mr Milton Davis</b>	ADDRESS <b>4351 St. Louis</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11/2-11/9</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Glomerular Nephritis</b>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>593X</b>

22. I hereby certify that I attended the deceased from 11-2-1954 to 11-9-1954, that I last saw the deceased alive on 11-9-1954 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>D. N. Miller D.O.</b> (Degree or title)	23b. ADDRESS <b>4114<sup>th</sup> Easton</b>	23c. DATE SIGNED <b>11/18/54</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>
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DATE REC'D BY LOCAL REG. <b>NOV 19 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MS</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>	ADDRESS <b>4247 W Labadie</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Embalmer  
Name

of State of

City and State

County

Date

Time

Signature

or

Student Embalmer

Signature

of

State

or

City and State

Signature

of

City and State

Signature

of State

City and State

**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 *W. Clyde Gordon*.....

Licensed Embalmer No. *3448*.....

P. O. Address *45-75 St*.....

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.

City and State