

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16571

State File No.

FILED MAY 26 1955

318

1003

Registrar's No. 4470

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>St. Louis</u> | | 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 <u>Homer G. Phillips Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>21 2625 Dickson</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> | | b. (Middle) _____ | | c. (Last) <u>Davis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 18 55</u> | |
| 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>OCTOBER 22, 1877</u> | |
| 9. AGE (In years last birthday) _____ | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 24 HRS. Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Alabama</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 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) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Johnson 2625 Dickson</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis Cardiac Insufficiency</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u> | |
| 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) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4200</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>5-15</u> , 19 <u>55</u> , to <u>5-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>55</u> , and that death occurred at <u>7:45a</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edw. B. Williams</u> | | | | 23b. ADDRESS <u>M.D. 2601 N. Whittier</u> | | 23c. DATE SIGNED <u>5-20-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>May 23, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 20 1955</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. Looney 1221 N. Grand</u> | | | |

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 *Gupton Swan*.....

Licensed Embalmer No. *4580*

P. O. Address *221 N York*.....

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.