

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41967

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

11072

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis**c. LENGTH OF STAY (In this place) **23 Hrs.**d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** COUNTY **St. Louis**c. CITY OR TOWN **St. Ann**d. Is Residence within limits of a city or incorporated town? Yes No STREET ADDRESS (If rural, give location) **3145 Lansing Dr.**

3. NAME OF DECEASED

(Type or Print)

a. (First)

Fern

b. (Middle)

B.

c. (Last)

Davis

4. DATE OF DEATH (Month) (Day) (Year)

Dec. 17, 1955

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19 1917

9. AGE (In years last birthday)

38

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and State or Foreign Country)

Columbia Illinois

12. CITIZENSHIP OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Fred Rehg

13b. MOTHER'S MAIDEN NAME

Rose Vogt

14. NAME OF HUSBAND OR WIFE

Vernon H. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No**None**

16. SOCIAL SECURITY NO.

346 14 3486

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Vernon H. Davis Dr. 3145 Lansing Dr.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

MEDICAL CERTIFICATION

Carcinoma of Cervix**Carcinomatous, generalized**

INTERVAL BETWEEN ONSET AND DEATH

16-18 mo**1 yr.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

s.

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(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)

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK

WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct**, 1954, to **17 Dec**, 1955, that I last saw the deceased alive on **16 Dec**, 1955, and that death occurred at **1:44** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

(Degree or title)

23b. ADDRESS

8901 Shawnee Lane

23c. DATE SIGNED

12/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12/20/55

24c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis County Mo.

DATE REC'D BY LOCAL REG.

DEC 19 1955

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Collier Mortuary 10123 St. Chas. Rd.

(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 *Sheldon Collier*.....

Licensed Embalmer No. *33*

P. O. Address *10123 St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.