

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 022 448  
State File No.

FILED JUN 20 1957

BIRTH NO. 42272-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5439

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 township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 1 yr

c. CITY OR TOWN St. Louis, Mo d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital

e. STREET ADDRESS (If rural, give location) 127 4720 Westminster

3. NAME OF DECEASED a. (First) Patricia b. (Middle) Ann c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) June 7 1957

5. SEX 3 Female

6. COLOR OR RACE Negro

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

8. DATE OF BIRTH June 5, 1957

9. AGE (In years last birthday) 1 2 3 2

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) St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME Patricia Ann Davis

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 ADDRESS Patricia Ann Davis above

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Immaturity  
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. 776x

INTERVAL BETWEEN ONSET AND 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) m.

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5-1957 to 6-7-1957 that I last saw the deceased alive on 6-7-1957 and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE Wm. Smiley M.D. (Degree or title)

23b. ADDRESS 4105-a Eastern

23c. DATE SIGNED 6-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-11-57

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 11 57 REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St

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.....

*not embalmed.*  
*Henry Siptor*

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.