

FILED OCT 4 1957

STANDARD CERTIFICATE OF DEATH

33395
STATE FILE NUMBER
9049
REGISTRAR'S NO.

Registration District No. 318 Primary Registration District No. 1003

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital | | Length of stay in lb 2 1/2 STREET ADDRESS 4959 Maple (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle Last DAVIS | | 4. DATE OF DEATH Month 9 Day 26 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 5, 1879 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY none | 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. |
| 11. BIRTHPLACE (City and state or country) Springfield, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME ????? Gibson | | 14. MOTHER'S MAIDEN NAME Mary Jackson | |
| 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. none | |
| 17. INFORMANT Russell Clem | | Address Springfield, Ill. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Encephalopathy DUE TO (b) Hypertension DUE TO (c) Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 593x | | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs. UNKNOWN |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 593x | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 9-24-57 to 9-26-57 and last saw her alive on 9-26-57 Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (In green or blue ink) Chas. P. Lane, M.D. | | 22b. ADDRESS 2746A Franklin Ave | |
| 22c. DATE SIGNED 9-27-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 9/29/57 | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) Springfield, Illinois | |
| 24. FUNERAL DIRECTOR Gates Funeral Home | | ADDRESS 4108 Finney | |
| 25. DATE RECD. BY LOCAL REG. SEP 28 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. | |

(Licensed Embalmer's Statement on Reverse Side)

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..... *Guyton Swan*
Licensed Embalmer No. 45

P. O. Address 4107 Finns

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.