

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

Registration District No. **318** Primary Registration District No. **1003**

STATE FILE NUMBER **2805**
Registrar's No. **1079**

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1-57

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3624 a Evans Ave. | | d. STREET ADDRESS (If outside, give location) 2119 3624 a Evans Ave. | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LUELLA NMN DAVIS | | | 4. DATE OF DEATH Month Day Year JANUARY 27, 1958 |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 23 1917 |
| 9. AGE (In years last birthday) 40 | 10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Housewife | 11. BIRTHPLACE (City and state or country) Brownville, Tenn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Walter Smith | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Willie Davis |
| 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. none | 17. INFORMANT Willie Davis Address 3624 a Evans Ave |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF BREAST WITH METASTASIS | | | INTERVAL BETWEEN ONSET AND DEATH 6 1/2 YEARS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | 170x |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 1951 , to JAN. 21, 1958 and last saw her alive on JAN. 21, 1958 Death occurred at 10 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Carl Smith M.D.</i> (Degree or title) | | 22b. ADDRESS M. D. 600 SO. KINGSHIGHWAY | 22c. DATE SIGNED 1/28/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE I-31-58 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Pettis Funeral Home, 4181 Washington Blvd. | | 25. DATE RECD. BY LOCAL REG. JAN 29 58 | 26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> <i>mjs</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. (No synonyms will be rated. All diseases in Part I must be causally related.)

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 *Esther N. Harris*

Licensed Embalmer No. *4458*
P. O. Address *4181 2nd 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.