Health, Welfare Public Service

300
1-57

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011523
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2634

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 — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 2737 Lawton Ave. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2 2/18 2737 Lawton Ave. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First WALTER	Middle	Last DAVIS	4. DATE OF DEATH Month Day Year March 1, 1958
5. SEX Male 2	6. COLOR OR RACE Col	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH Jan. 8, 1885
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY Railroad worker	11. BIRTHPLACE (City and state or country) Ellisville, Miss	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Jim Davis	13b. MOTHER'S MAIDEN NAME Ella Thomas	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 Lillie Garner	Address 2926 Sheridan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in fire in Home

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) at 2737 Lawton Avenue, about 1054 a.m., March 1st, 1958.

20c. TIME OF INJURY 1054 Hour a.m. Month, Day, Year 3 1 58

000 E916.0 16

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21 House

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY — STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1130 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Queen Deputy Coroner 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/7/58	23c. NAME OF CEMETERY OR CREMATORY Booker T. Washington	23d. LOCATION (City, town, or county) (State) E. St. Louis, Ill
24. FUNERAL DIRECTOR R. M. C. Green,	ADDRESS 4060 Washington	25. DATE RECD. BY LOCAL REG. MAR 5 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Melvin E. Gu

Licensed Embalmer No. 4428

P. O. Address St. Louis

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.