

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026883

STATE FILE NUMBER

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

Registrar's No. **7167**

300
-57

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **CITY HOSPITAL #1** Length of stay in lb **??**
d. STREET ADDRESS (If outside, give location) **8307 Polk St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Mary Willie Davis**
4. DATE OF DEATH Month Day Year **July 18, 1958**
5. SEX **Female**
6. COLOR OR RACE **Negro**
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH **Jan 9, 1895?**
9. AGE (In years, birth day) **63** 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) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **None**
11. BIRTHPLACE (City and state or country) **Brinkley, Arkansas**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Andrew Hill**
13b. MOTHER'S MAIDEN NAME **Jane Washpun**
14. NAME OF HUSBAND OR WIFE **Willie Davis**
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO. **Unknown**
17. INFORMANT **Willie Davis** Address **8307 Polk**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cancer, Grade 4 of the Cervix** INTERVAL BETWEEN ONSET AND DEATH **1 year?**
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) **Chronic Anemia (Hypochromic); Hepatomegaly**

20a. ACCIDENT SUICIDE HOMICIDE
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 NOT WHILE AT WORK
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 **3-14-58** to **7-18-58** and last saw her alive on **7-18-58**
Death occurred at **4:00 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Harold S. Russell* (Degree or title) **M.D.**
22b. ADDRESS **1432 N. Taylor Avenue**
22c. DATE SIGNED **7-19-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
23b. DATE **7/24/58**
23c. NAME OF CEMETERY OR CREMATORY **Oakdale**
23d. LOCATION (City, town, or county) (State) **Lemay, Missouri**
24. FUNERAL DIRECTOR **E. B. Roanice** ADDRESS **1221 N Grand**
25. DATE RECD. BY LOCAL REG. **JUL 2 1958**
26. REGISTRAR'S SIGNATURE *J. Carl Smith, M.D. Jr.*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Je. 5:2240
Stephenson

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 *Malvin Blackman*
Licensed Embalmer No. *3462*
P. O. Address *12711 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.