Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031181
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2346

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN ~~St Louis~~ CAYTON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Co — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St Louis Co — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 9817 Elderado (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Sadie; Middle; Last Davis

4. DATE OF DEATH Month 9 Day 6 Year 58

5. SEX F 3

6. COLOR OR RACE Negro

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 1-30-19

9. AGE (In years last birthday) 39 — 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) Beautician

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) Columbia Missl

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Weatherspoon

13b. MOTHER'S MAIDEN NAME Sarah —

14. NAME OF HUSBAND OR WIFE Lewis Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 391-12-4091

17. INFORMANT Lewis Davis Address 9817 Elderada

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of the breast, metastatic — INTERVAL BETWEEN ONSET AND DEATH: January 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 170X — Sept. 6, 1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-4-58, to 9-6-58 and last saw her/him alive on 9-6-58
Death occurred at 5:10 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Speno M.D. (Degree or title) — **22b. ADDRESS** 601 So. Brentwood — **22c. DATE SIGNED** 9-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** 9-12-58 — **23c. NAME OF CEMETERY OR CREMATORY** Washington Park — **23d. LOCATION** (City, town, or county) Berkley (State) MO

24. FUNERAL DIRECTOR E. B. Koonce — **ADDRESS** 1221 N Grand — **25. DATE RECD. BY LOCAL REG.** 9-11-58 — **26. REGISTRAR'S SIGNATURE** Herbert R. Domke M.D. Jr

(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 Michine Blackburn

Licensed Embalmer No. 3962

P. O. Address 1271 N Grand

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.