

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037723

STATE FILE NUMBER 9605
Registrator's No.

FILED OCT 17 1958

Registration District No.

318

Primary Registration District No.

1003

Registrator's No.

300
1-57

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.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
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 Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 1734 Lovejoy Lane	
3. NAME OF DECEASED (Type or print) First Middle Last John Davis		4. DATE OF DEATH Month Day Year 10 6 58	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General laborer		9b. KIND OF BUSINESS OR INDUSTRY Wash Refrigeration	9c. AGE (In years birth day) MONTHS DAYS 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General laborer		10b. KIND OF BUSINESS OR INDUSTRY Wash Refrigeration	10c. BIRTHPLACE (City and state or country) Deason, Mississippi
11. BIRTHPLACE (City and state or country) Deason, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Davis		13b. MOTHER'S MAIDEN NAME Katherine	
13c. NAME OF HUSBAND OR WIFE Flora Davis		14. NAME OF HUSBAND OR WIFE Flora Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-01-1171	
17. INFORMANT Flora Davis		17. ADDRESS 1734 Lovejoy Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Obstructive Jaundice (Etiology Unknown)			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			157X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Probably Ca. of the Pancreas with Metastasis - Pulmonary Edema-			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-1-58, to 10-6-58 and last saw her/him alive on 10-6-58 Death occurred at 5:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F.O. Richards		22b. ADDRESS 2601N. Whittier	
22c. DATE SIGNED 10-6-58		22d. DATE SIGNED 10-6-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10-13-58	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Russell Ind., Co. 2732 Pine Street		25. DATE RECD. BY LOCAL REG. OCT 7 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. 6.03			

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 *James A. Carter*

Licensed Embalmer No. *4651*

P. O. Address *H. Lane*

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.