

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014863

STATE FILE NO. 2  
REGISTRATION NO. 3700

300  
-57  
95

MAY 1 1959 Registration District No. Primary Registration District No. Registrars No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
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 <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>1905 Laflin</b>	
Length of stay in lb <b>30yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Davis</b> Last <b>Davis</b>			4. DATE OF DEATH Month <b>April</b> Day <b>10</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 26 1892</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b>	IF UNDER 24 HRS Hours <b>14</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>	11. BIRTHPLACE (City and state or country) <b>Rocky Springs, Miss</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Howard Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Ann ?</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-01-9672</b>	17. INFORMANT <b>John Arthur Davis 1905 Laflin Ave</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of lungs</b>	
	DUE TO (c) <b>163X</b>	
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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Williamson Co., Illinois</b>	COUNTY	STATE
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21. I attended the deceased from <b>3-19-59</b> to <b>4-10-59</b> and last saw her/him alive on <b>4-10-59</b> Death occurred at <b>4:55</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M. D.</b>	22b. ADDRESS <b>2601N Whittier</b>	22c. DATE SIGNED <b>4-11-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>April 14 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Colp</b>	23d. LOCATION (City, town, or county) (State) <b>Williamson Co., Illinois</b>
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24. FUNERAL DIRECTOR <b>Jas H. Randle &amp; Son 3133 Bell Ave</b>	25. DATE RECD. BY LOCAL REG. <b>APR 14 '59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>M. D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 K. Harris* .....

Licensed Embalmer No. *4458* .....  
P. O. Address *4181 Washin* .....

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.