

Item 18 Corrected by THE DIVISION OF HEALTH OF MISSOURI
Affidavit of attending Physician STANDARD CERTIFICATE OF DEATH

59-014865

State File No.

Physician A. L. Smith
BIRTH FILED APR 24 1959 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 3451

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>34 year</u>		e. STREET ADDRESS (If rural, give location) <u>4420 Evans</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Homer G. Phillips</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jessie</u>		b. (Middle) _____		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 5 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec 12/31/1924</u>		9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days _____	IF UNDER 12 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Oscar Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie ?</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	
15. (If yes, give war or dates of service) _____		16. _____		17. ADDRESS <u>2601 Whittier</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypoxic Nephrosis</u> Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH <u>undet.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H CVD</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 3-10-59, 1959, to 4-5-59, 1959, that I last saw the deceased alive on 4-5-59, 1959, and that death occurred at 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.J. Clanton</u> <i>L. J. Clanton M.D.</i>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2601 Whittier Street</u>		23c. DATE SIGNED <u>4-8-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/8/1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 8 '59</u>		REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> <i>EARL SMITH</i>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jas H. Randle & Son</u>		ADDRESS <u>3133 Bell Ave.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Ethel K. Harris*

Licensed Embalmer No. *446*

P. O. Address *4181 Wash*

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.