URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033722

FILED VS OCT 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8977

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4065 Enright
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Arthur; Middle:; Last: Davis
4. DATE OF DEATH: Month: 9; Day: 26; Year: 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 15Mar.1908
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months: ; Days:
IF UNDER 24 HR: Hours: ; Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Forest City Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Andrew Davis
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Ruth S. 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.:
17. INFORMANT: RuthSherard Davis
Address: 4065 Enright

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 Prostate with Extensive Metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 177X
INTERVAL BETWEEN ONSET AND DEATH: Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 3-9-59, to 9-26-59 and last saw ~~her~~ him alive on 9-26-59
Death occurred at 10:32 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. Prophiete (Degree or title) MD
22b. ADDRESS: 2601 N. Whittier St.
22c. DATE SIGNED: 9-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 20ct.1959
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery.
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Reliable Funeral Sys.
ADDRESS: 1389N.Union
25. DATE RECD. BY LOCAL REG.: SEP 29 59
26. REGISTRAR'S SIGNATURE: Hearl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul V Freem

Licensed Embalmer No. 4686

P. O. Address 4729 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.