

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045361

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11822

STATE FILE NUMBER

FILED DEC 5 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1					
2	206				
3					
4	3				
5	1				
6					
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11					
12	77-0				
13					
77					
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF				
ITEM NO.	SHOULD READ				
BY AFFIDAVIT OF	DOCUMENT				

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE		b. MISSOURI COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
St. Louis		St. Louis			Missouri		St. Louis		St. Louis		Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
Homer G. Phillips					4964 Lotus								
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		Month	Day	Year			
Rosie Davis			Rosie		Davis	11 27 63		11	27	63			
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
Fem.	Negro			7-4-1902		61		Months	Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY					
Housewife				NONE		Arkansas		U.S.A.					
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE							
George Christian			CORA			HENRY DAVIS							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address							
No						Cora Lee Davis 4964 Lotus							
18. CAUSE OF DEATH (Enter only one cause per line)												INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:												Undet.	
IMMEDIATE CAUSE (a)													
Respiratory Arrest													
DUE TO (b)													
Cerebral Thrombosis													
DUE TO (c)													
Arteriosclerosis												332x	
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.			
										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)					
20c. TIME OF INJURY		Hour a.m. p.m.		Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE			
21. I attended the deceased from <u>11-14-63</u> to <u>11-27-63</u> and last saw <u>DEF</u> alive on <u>11-27-63</u>													
Death occurred at <u>9:05 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>James H. Tilley M.D.</i>						22b. ADDRESS 2601 N. Whittier			22c. DATE SIGNED 11-29-63				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
Removal		12-2-63		Oakdale Cemetery		St. Louis Co., Mo							
24. FUNERAL DIRECTOR Thomas Jackson 2741 Dickson				ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					
						NOV 30 1963							

USE BLACK INK OR TYPEWRITER RIBBON

1957-1958

STATE

1957-1958

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 Leroy W. Parmiter

Licensed Embalmer No. 4523

P. O. Address 4251 WASHINGTON

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.