

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 11 1949 STANDARD CERTIFICATE OF DEATH

State File No. 13697

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2605

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G Phillips		d. STREET ADDRESS (If rural, give location) 3101 LAWTON	

3. NAME OF DECEASED (Type or Print) JESSIE DAVIS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3 18 49
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5. SEX Male-Coh	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) MO U	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MO U	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME MORRIS DAVIS	13b. MOTHER'S MAIDEN NAME ADDALE UNKNOWN	14. NAME OF HUSBAND OR WIFE ETHEL DAVIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS NEHIE HOTT 2340 CARR
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Inorganic phosphorus poisoning Administered at his home. DUE TO (a) or (b) or (c) on or about March 18 1949		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Repeat twice before		

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Suicide ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3101 LAWTON ST LOUIS MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 3 18 49 8:45 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Ingestion of Rat Poison
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:28 P.M., from the causes and on the date stated above.

23a. SIGNATURE Walter Perry Boyd, Coroner	(Degree or title)	23b. ADDRESS 1300 Clark Ave	23c. DATE SIGNED 5/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/22/1949	24c. NAME OF CEMETERY OR CREMATORY OAKDALE Cem	24d. LOCATION (City, town, or county) (State) St Louis Co. Mo
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DATE REC'D BY LOCAL REG. MAY 23 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE Alfred Dahlen	ADDRESS 3506 Franklin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 2791

P. O. Address St. Louis, Mo

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 this body is not embalmed, fact should be so stated above.