

FILED MAR 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2018

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 7181</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>18 30 21 Clark</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>			

3. NAME OF DECEASED (Type or Print) <i>Jimmie Lee Davis</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 28 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>0</i>	8. DATE OF BIRTH <i>Jan. 30, 1949</i>		9. AGE (In years last birthday) <i>1 0 29</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <i>Ollie V. Davis</i>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ollie Davis 30 21 Clark</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumococci Meningitis</i>					<i>Undet.</i>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		<i>Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia</i>			<i>Undet.</i>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <i>3401</i>	
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 *2-25*, 19 *50*, to *2-28*, 19 *50*, that I last saw the deceased alive on *2-28*, 19 *50*, and that death occurred at *11:15 P.M.*, from the causes and on the date stated above.

22a. SIGNATURE <i>Edna McMillan</i> (Degree or title) <i>M. D.</i>		23b. ADDRESS <i>2601 N Whittier St</i>		23c. DATE SIGNED <i>3-2-50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>3-3-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Pascoe</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Athens Bros. 3644 Finney</i>			
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Louis V. Atkins

Signed.....

Student Embalmer

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.