

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14457

State File No.

Registrar's No.

3460

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write BURIAL and give township) Saint Louis		c. CITY (If outside corporate limits, write BURIAL and give township) Saint Louis	
c. LENGTH OF STAY (In this place) App. 40 Yrs		d. STREET ADDRESS (If rural, give location) 27- 2706 a Dayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			
3. NAME OF DECEASED a. (First) Viola (Type or Print) b. (Middle) Davis c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) April 10 1950
5. SEX Female 3	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 11, 1892
9. AGE (In years less birthday) (Months) (Days) (Hours) (Mins.) 58 1 1		11. BIRTHPLACE (State or foreign country) Jackson, Mississippi	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Tom Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME George Davis		ADDRESS 2706 a Dayton	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Breast with Extensive Metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
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) 170X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3-12, 1950, to 4-10, 1950, that I last saw the deceased alive on 4-10, 1950, and that death occurred at 5:30a m., from the causes and on the date stated above.			
23a. SIGNATURE Montana J. Quisenberry		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 4-10-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-15-50	
24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) LeMay, Mo.,	
DATE REC'D BY LOCAL REG. APR 14 1950		REGISTRAR'S SIGNATURE J. B. Jantzen	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Fouse		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Lawrence C. Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. *47555*

P. O. Address. *1221 N. 1st St.*

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.