No. 300
10-28

FILED SEP 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32128

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3131

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Florissant
c. LENGTH OF STAY (In this place) 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) #3 St. Genevieve Ct.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5 Florissant 4051
d. STREET ADDRESS (If rural, give location) #3 St. Genevieve Ct. 0

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) P. c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) Sept. 12. 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 20. 1921
9. AGE (In years last birthday) 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Garage
11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wilbur Davis
13b. MOTHER'S MAIDEN NAME Lily Knight
14. NAME OF HUSBAND OR WIFE Lillian Haws Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Lillian Davis **ADDRESS** #3 St. Genevieve Ct.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastatic melanoma — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 1998

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1951, *to* Sept 12, 1951, *that I last saw the deceased alive on* Sept 12, 1951, *and that death occurred at* 1:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. A. Costino (Degree or title) M.D.
23b. ADDRESS 2407 N. Bdway, St. Louis 6 Mo
23c. DATE SIGNED 9/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9)15)51
24c. NAME OF CEMETERY OR CREMATORY Colonial Cemetery
24d. LOCATION (City, town, or county) (State) Trenton New Jersey

DATE REC'D BY LOCAL REG. 9-12-51
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Colliers Funeral Home **ADDRESS** 10123 St. Chas. Rd.

(Licensed Embalmer's Statement on Reverse Side)

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

3407 No Bdway,

OCT 8 1951

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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