

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29359

State File No.

SEP 3- 1952

318

1003

Registrar's No. 7856

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY * 219	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS 0		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 0	
c. LENGTH OF STAY (In this place) 28 Yrs.		d. STREET ADDRESS (If rural, give location) 4544, ALDINE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LENA	b. (Middle) Myrtle		c. (Last) DAVIS		
5. SEX Female 3	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 5 - 5th - 1905		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Portland Arkansas /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ephram Hunter		13b. MOTHER'S MAIDEN NAME Viola Yates		14. NAME OF HUSBAND OR WIFE	
----------------------------------	--	---------------------------------------	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leon Lewis, 2007, Offallon	
--	--	------------------------------	--	--	--

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		Cerebral Apoplexy					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X	
---	--	--	--	---------------------------------	--

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 0255 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm. Ross Humphreys</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/15/52	
--	--	-------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 8/20/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
---	--	-------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. AUG 19 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John H. Rowston</i> 2829, Washington Blvd.	
--------------------------------------	--	---	--	--	--

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 Leroy U. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 East 101

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.