

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 1-1953

State File No. **19319**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4990**

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 RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 26 921 a Mound	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) Geraldine Davis			4. DATE OF DEATH (Month) (Day) (Year) May 15 1953		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 4, 1919		9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 11	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Haywood White		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE John Lee Davis	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Vera Clay		ADDRESS 921-A- Mound	
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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	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure				Undet.	
		ANTECEDENT CAUSES					
		<p>DUE TO (b) Rheumatic Heart Disease</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</p> <p>DUE TO (c)</p>					
		II. OTHER SIGNIFICANT CONDITIONS:					
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="center">None</p>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 416X	

22. I hereby certify that I attended the deceased from 3-13, 1953, to 5-15, 1953, that I last saw the deceased alive on 5-15, 1953, and that death occurred at 6:25a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Franz Medard</i>		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 5-15-53	
(Degree or title) M. D.					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-53		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			

DATE REC'D BY LOCAL REG. MAY 18 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. Boone</i>		ADDRESS 1221 N. Grand	
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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 Gupton Swan

Licensed Embalmer No. 4580

P. O. Address 1221st Grand

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

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