

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31725
Registrar's No. 8496

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8496		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 51 DAYS		c. CITY OR TOWN ST. LOUIS		d. In Residences within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSP. 20				e. STREET ADDRESS (If rural, give location) 2500 GLASGOW 2209				
3. NAME OF DECEASED (Type or Print) a. (First) PATRICIA b. (Middle) LANE c. (Last) HAMMOND DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 9-14-54					
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 11-9-144		
9. AGE (In years last birthday) 9 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME W. J. D. D.		13b. MOTHER'S MAIDEN NAME Vasolover Moore		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME V. TADD ADDRESS 500 S. KINGS HIGHWAY				
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) Malignant ependymoma 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.					INTERVAL BETWEEN ONSET AND 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) _____		21f. HOW DID INJURY OCCUR? 193X		
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"/>		22. I hereby certify that I attended the deceased from JULY 25, 1954 , to SEPT. 14, 1954 , that I last saw the deceased alive on SEPT. 14, 1954 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Dr. L. E. Smith M.D. (Degree or title)		23b. ADDRESS 500 S. Kings Highway		23c. DATE SIGNED 9-15-54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St. Mary, Missouri		
DATE REC'D BY LOCAL REG. SEP 16 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Keown ADDRESS 1221 N. 2nd		_____		

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.....
Signature of Student Embalmer

Signed *Malvin Blackman*

Licensed Embalmer No.. 396

P. O. Address 122 1/2 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.