

FILED MAR 22 1956

STANDARD CERTIFICATE OF DEATH

State File No. **10601****318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **2462**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2462		
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 28 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 12 904 Euclid a/d 7/0				
3. NAME OF DECEASED (Type or Print) Cecelia			a. (First)		b. (Middle)		c. (Last) Davis	
4. DATE OF DEATH		(Month) 3		(Day) 4		(Year) 56		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 17, 1867		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Salisbury, Mississippi		
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Henry Thompson		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE				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 Henry Williams				ADDRESS 1611 Franklin				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN CONSENT AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease.		Cardiac insufficiency.					Undt.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		Generalized arteriosclerosis. Chronic hemorrhagic cystitis. Multiple cyst of the kidney.						
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) (m.)		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 <u>2-17-</u> , 19 <u>56</u> , to <u>3-4-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-1-</u> , 19 <u>56</u> , and that death occurred at <u>10:00p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) E. B. Williams			23b. ADDRESS 2601 N. Whittier Street			23c. DATE SIGNED 3-6-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-9-56		24c. NAME OF CEMETERY OR CREMATORY Shipped To Poplar Bluff, Missouri		24d. LOCATION (City, town, or county) (State)		
DATE RECD BY LOCAL REG. MAR 9 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE M. J. B.		ADDRESS 5010 Enright Avenue Metropolitan Funeral System, Inc.		

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

(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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Heilliard*

Licensed Embalmer No. *42*

P. O. Address *45240*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.