

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1582

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Length of stay in 1b		STREET ADDRESS <b>617 No. Leffingwell</b> (If outside, give location)	
21		22		23	
3. NAME OF DECEASED (Type or print) <b>Elvira Dawson</b>			4. DATE OF DEATH Month <b>2</b> Day <b>13</b> Year <b>57</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>2/3/03</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and state or country) <b>St Louis County</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Thomas Mitchell</b>		14. MOTHER'S MAIDEN NAME <b>Julia Thomas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No --</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT <b>Walter Dawson</b> Address <b>617 No. Leffingwell</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Epidermoid Carcinoma of Cervix</b>					INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>171x</b>					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>12-5-56</b> to <b>2-13-57</b> and last saw her <del>her</del> <b>alive</b> on <b>2-13-57</b> Death occurred at <b>4:30</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>William L. Smiley</b> (Type or print)		22b. ADDRESS <b>2601 Whittier Street</b>		22c. DATE SIGNED <b>2-15-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>2/17/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Musick Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>St Louis Co</b>	
24. FUNERAL DIRECTOR <b>Reaston-Whitney</b> ADDRESS <b>3615 Easton.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 16 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith md</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health  
Welfare  
Public  
Service00  
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1582

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 *F. A. Green*.....

Licensed Embalmer No. *29*

P. O. Address *4217 Delm.*

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.