

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10135

STATE FILE NUMBER

2439

FILED APR 12 1957

17725-57

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 lb		d. STREET ADDRESS <b>222 1/2 Clark</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Dewitt</b> Middle Last <b>Davis, Jr.</b>				4. DATE OF DEATH Month <b>3</b> Day <b>8</b> Year <b>57</b>			
5. SEX <b>Male 2</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>3-8-57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo. 0</b>	
13. FATHER'S NAME <b>Dewitt Davis</b>				14. MOTHER'S MAIDEN NAME <b>Jannie Booker</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>None</b>		17. INFORMANT Address <b>Mrs. Mary Jett, R.R.L.</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>Atelectasis, Left Lower Lobe of Lung</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Multiple Ulcerations, Gastro-intestinal Tract.</b>							
DUE TO (c) <b>Petechiel Hemorrhage, Brain</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>760.0</b>				
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>3-6-57</b> to <b>3-8-57</b> and last saw <sup>see</sup> him alive on <b>3-8-57</b> Death occurred at <b>9:15</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <b>Clark J. White, M.D.</b>				22b. ADDRESS -- <b>2601 N. Whittier St.</b>		22c. DATE SIGNED <b>3-9-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>3/11/57</b>		<b>Oakdale</b>		<b>Lemay, Missouri</b>	
24. FUNERAL DIRECTOR <b>E. B. Koonce</b> ADDRESS <b>221 N. Grand</b>				25. DATE RECD. BY LOCAL REG. <b>MAR 11 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140-mors-1937.

**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 *Lawrence Hooper*

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.