

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030299  
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7683

300  
1-57

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, give TOWNSHIP only) OR TOWN St. Louis 2		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 D.O.A. H. Phillips		d. STREET ADDRESS (If outside, give location) 4328a St. Ferdinand	
Length of stay in lb 17 yrs. 2/19		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EUNICE DAVIS		4. DATE OF DEATH Month Day Year Aug. 3, 1958	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 5, 1915
9. AGE (In years (birth day) Months Days Hours Min. 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Casting Inspector	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri Malleable Cast. Jones County, Ga.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charlie Phillips		13b. MOTHER'S MAIDEN NAME Fogie Wright	
14. NAME OF HUSBAND OR WIFE Lulabelle Davis		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. 259-12-1877		17. INFORMANT Fogie Davis 323 Combs Avenue Milledgeville, Ga.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Intra Thorax Hemorrhage</i> <i>Contrib: - Gun shot wound of superior</i> <i>vena cava, and right jugular vein</i> DUE TO (b) <i>same</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition given in PART I. <i>Support under head with</i> <i>padding in the hands of one</i> <i>St. Ferdinand Ave. on August 3rd</i> <i>Justifiable or Homicidal could not be deter.</i>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <i>Verdict</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, item 18) <i>Shot in the head by 4336</i> <i>St. Ferdinand Ave. on August 3rd</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>1245 p.m. 8 3 58</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Home</i>	
20e. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo E981X</i>		21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>190 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>James M. Kelly</i> (Degree or title) <i>Deputy</i>		22b. ADDRESS <i>3 1300 Clark</i>	
22c. DATE SIGNED <i>8-7-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>8/8/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney	
25. DATE RECD. BY LOCAL REG. <i>AUG 7 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>m &amp; B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Woodman*  
Licensed Embalmer No. *4341*

P. O. Address *4107 Finney Avenue*

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.