Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010841
STATE FILE NUMBER

FILED APR 10 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3034

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Peoples Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5591 A. Page Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Samaritan — Middle: — Last: Davis

4. DATE OF DEATH: Month 3 Day 20 Year 1959

5. SEX: Female
6. COLOR OR RACE: Colored
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-28-1903
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 5 Days 12 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: David Love
13b. MOTHER'S MAIDEN NAME: Margaret Frazier
14. NAME OF HUSBAND OR WIFE: Preston Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Preston Davis — Address: 5591 A. Page Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3/14/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — ?
DUE TO (c): Diabetes Mellitus — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/14/59 to 3/20/59 and last saw her alive on 3/20/59
Death occurred at 2 p.m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. T. Taylor M.D. (Degree or title)
22b. ADDRESS: 3136 Choteau Ave
22c. DATE SIGNED: 3/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-26-59
23c. NAME OF CEMETERY OR CREMATORY: Greenwood
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Ellis Funeral Home — ADDRESS: 2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: MAR 26 '59
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis M

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.