

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022815

STATE FILE NUMBER

FILED JUL 2 1959

Registration District No.

Primary Registration District No.

Registrar No.

25914

300  
-57

3

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> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>4310 No. Market</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Amos</b> Middle Last <b>Davis</b>			4. DATE OF DEATH Month <b>6</b> Day <b>19</b> Year <b>59</b>		
---	--	--	---	--	--

5. SEX <b>Male</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>March 21, 1872</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	--	---	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Elsberry, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US. A.</b>
--	--	---	---

13a. FATHER'S NAME <b>Quintis Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Jane</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Davis</b>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Rowena Woodson</b> Address <b>4310 N. Market</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>Pulmonary Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>443x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 w.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		

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 <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>6-15-59</b> to <b>6-19-59</b> and last saw him alive on <b>6-19-59</b> Death occurred at <b>8:40</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>A. B. Innes</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>2601 Whittier Street</b>	22c. DATE SIGNED <b>6-22-59</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <b>6/24/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elsberry, Missouri</b>	23d. LOCATION (City, town, or county) (State) <b>Elsberry, Missouri</b>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR <b>E. B. Jones</b> ADDRESS <b>1221 North Grand</b>	25. DATE RECD. BY LOCAL REG. <b>JUN 22 1959</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>
--	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mjb

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 *Clarence Craven* .....

Licensed Embalmer No. *7557* .....  
P. O. Address *1221 N. Main* .....

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.