

318 1003 6949

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED AUG 3 1961								
<p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY _____</p> <p>c. CITY OR TOWN St. Louis</p> <p>d. STREET ADDRESS 3145 New Ashland</p>							
<p>3. NAME OF DECEASED (Type or print) First Louis Middle _____ Last Davis</p>								
<p>4. DATE OF DEATH Month 7 Day 5 Year 61</p>								
<p>5. SEX Male</p>	<p>6. COLOR OR RACE Negro</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 3-20-1878</p>	<p>9. AGE (last birthday) 83</p>	<p>IF UNDER 1 YEAR Months _____ Days _____</p>	<p>IF UNDER 24 HR. Hours _____ Min. _____</p>		
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Unknown</p>		<p>11. BIRTHPLACE (City and state or country) Mississippi</p>		<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>		
<p>13a. FATHER'S NAME Bill Davis</p>			<p>13b. MOTHER'S MAIDEN NAME Elizabeth</p>			<p>14. NAME OF HUSBAND OR WIFE Unknown</p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>			<p>16. SOCIAL SECURITY NO. Unknown</p>		<p>17. INFORMANT Address Mrs. Mary D. Jett, R.R.L. 2601 N. Whittier</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Carcinoma of Colon</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____</p> <p style="text-align: center;">DUE TO (c) 153.8</p>						<p>INTERVAL BETWEEN ONSET AND DEATH Undet.</p>		
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____</p>		
<p>21. I attended the deceased from 6-15-61, to 7-5-61 and last saw her/him alive on 7-5-61 Death occurred at 12:38 p. m. m on the date stated above, and to the best of my knowledge, from the causes stated.</p>								
<p>22a. SIGNATURE (Degree or title) <i>Sydney D. Fraser</i></p>				<p>22b. ADDRESS 2601 N. Whittier</p>		<p>22c. DATE SIGNED 7-11-61</p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) 7-31-61</p>		<p>23b. DATE 7-31-61</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Anatomical Board</p>		<p>23d. LOCATION (City, town, or county) (State) St. Louis, Mo.</p>		
<p>24. FUNERAL DIRECTOR Rowland Mortuary Svc.</p>			<p>ADDRESS 4104-Q6 Manchester</p>		<p>25. DATE RECD. BY LOCAL REG. JUL 27 1961</p>		<p>26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i></p>	

DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.