

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044892

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10893 STATE FILE NUMBER

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b St. Louis

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5077 Vernon Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Eula Middle Mae Last Smith

4. DATE OF DEATH Month II Day 10 Year 62

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 9 28 26 9. AGE (last birthday) 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker 10b. KIND OF BUSINESS OR INDUSTRY Bemis Bag Co. 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jesse Davenport 13b. MOTHER'S MAIDEN NAME Lucy Kaine 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT Lucy K. Davenport Address 5077 Vernon Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Cervix to Metastases to Lung + Spine

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 171X

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute bacterial infection of Peritonsils

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

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 Jan. 1959 to Nov., 1962 and last saw her him alive on 11/8/62 Death occurred at 2nd m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lessie J. Bond M.D. 22b. ADDRESS 5805 Easton Ave. 22c. DATE SIGNED 11/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE II 15 62 23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Pettis Mortuary ADDRESS 4181 Washington Blvd. 25. DATE RECD. BY LOCAL REG. 11-13-1962 26. REGISTRAR'S SIGNATURE Roan Smith. M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

77

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 *Ethel K. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.