

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037472

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9409 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 4 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2	205		
3	2		
4	3		
5	1		
6			
7	0		
8	2		
9			
10			
11			
12-13	91		
	SHOULD READ	BY AFFIDAVIT OF	
	ITEM NO.		

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOA Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5567 Clemems Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Edna Middle May Last Davis

4. DATE OF DEATH Month 9 Day 18 Year 63

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-2-1891 9. AGE (last birthday) 72 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY Private family 11. BIRTHPLACE (City and state or country) Jonesburg Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME EDWARD CLAY 13b. MOTHER'S MAIDEN NAME Mattie Waters 14. NAME OF HUSBAND OR WIFE Will Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no 16. SOCIAL SECURITY NO. 9B 17. INFORMANT Address Rev. Ernest G. Davis, 2704 Semple

18. CAUSE OF DEATH (Enter only one cause per item for PART I, and one for PART II, and one for PART III.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus
DUE TO (c) Atherosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X
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 12:10 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 12:10 A to 12:10 A and last saw her/him alive on 12:10 A. Death occurred at 12:10 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 9/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-24-63 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS W. J. Baker & Son, 3201 N. Newstead 25. DATE RECD. BY LOCAL REG. SEP 20 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

*with a permit issued
by the State Board of Health
on 11/17/50 at 10:30 AM*

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

Jefferson M. Clark

Licensed Embalmer No. 5072

P. O. Address 455 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.