

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3196

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. St. James Hosp)

File No.
Registered No. 313 (Ward)

2. FULL NAME

Louis M. Davis

(a) Residence No. 1032 Morrison St., 22 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mate Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 9 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>2</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Physician 131

(b) General nature of industry, business, or establishment in which employed (or employer)

Physician 99

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis 1
Mo

10. NAME OF FATHER

Charles R. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New London 2
Conn

12. MAIDEN NAME OF MOTHER

Friedricha Neuman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany 1 1/2

14. INFORMANT

(Address)

Mate Davis
1032 Morrison

15. FILED

1931

Wm. E. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 11/30 **1930**, to Jan 7 **1931**.
that I last saw him alive on Jan 5 5:03 p **1931**, and that death occurred, on the date stated above, at 5:03 p **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pericarditis with effusion
Aortitis Chronic due to Syphilis
Hiccoughs

CONTRIBUTORY (SECONDARY)

Hypertrophy of Prostate
chronic indefinite
about 10 yrs

18. WHEN WAS DISEASE CONTRACTED

NOT A PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? Yes

DATE OF Jan 2/31

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical microscopic
Autopsy

(Signed)

Raymond Carrell M.D.

Jan 8, 1931 (Address)

1070 Paul Brown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mo Crematory
E. J. Brown

Jan 9 1931

20. UNDERTAKER

ADDRESS

3125 Lafayette

PHYSICIANS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

