

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

Do not use this space.

22786

791
1008

File No. _____
Registered No. **6199**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. July 1931)

2. FULL NAME

(a) Residence. No. 5793 McPherson St. 5 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 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 (specify the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>1</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Furniture
(b) General nature of industry, business, or establishment in which employed (or employer). Retail
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chattanooga
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Julvar Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Lena Mark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Russia

14. INFORMANT K. Davis
(Address) 5793 McPherson

15. FILED 1-2-1931 Man W. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1931

17. No physician attended
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound of head, due to being struck by bullets fired from a gun in the hands of an unknown colored man while holding him up at 1107 Frankl Ave., 6/1/31 8:00 A. M.

CONTRIBUTORY (SECONDARY) 173 HOMICIDE.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY? yes yes

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Joseph Purley

6/2-1931 (Address) Jefferson corner

*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 Beth Para Hag DATE OF BURIAL 6/3 1931

20. UNDERTAKER H B Berger ADDRESS 1715 McPherson

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

