

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

Do not use this space.

17689

1. PLACE OF DEATH

County St Louis

Registration District No. 1071

Township

Primary Registration District No. 1071

City St Louis

(No. 2723 Washington ave)

File No.

Registered No. 4640

St.

Ward

2. FULL NAME

Willie Davis Jr

(a) Residence, No. 2723 Washington ave, 21 Ward.

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cot

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

Infant

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

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

Oct 4 - 1931

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

7

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

St Louis Mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

13. NAME

Willie Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

15. MAIDEN NAME

Arden Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

17. INFORMANT (ADDRESS)

Arden Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis DATE May 12 1932

19. UNDERTAKER (ADDRESS)

J. A. Green

20. FILED

12 1932

W. C. [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 9 1932

I last saw him alive on 9 1932 Death is said

to have occurred on the date stated above, at 10 15 m.

The principal cause of death and related causes of importance were as follows:

107A
Coronal Pneumonia
Primary
Other contributory causes of importance: 107A

Date of onset

Name of operation 1 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature], M. D.

(Address) [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

