

REC'D MAY 10 1938

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

12728  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791  
(b) Township St. Louis Mo Primary Registration District No. 1003  
(c) City St. Louis Mo (d) Street No. 4668 Lee Ave Registered No. 3332 St.  
(e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

JAMES A. DAVIS. 12.0  
(a) Residence, No. 4668 LEE AVE. St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Delia Davis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 7 2  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada  
13. NAME Flavus Davis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Canada  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Canada  
17. INFORMANT (ADDRESS) Mrs Catherine McDonald  
4668 Lee Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4-9-38  
19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros  
4259 Lyndell  
20. FILED APR 8 1938 J. D. Bruck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-38, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1938, to 4-6, 1938  
I last saw him alive on 4-6, 1938. Death is said to have occurred on the date stated above, at 9:50 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral thrombosis  
Other contributory causes of importance:  
Hypertension  
Arteriosclerosis  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No  
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? No  
If so, specify \_\_\_\_\_  
(Signed) W. H. Hiseaman M. D.  
(Address) 4126<sup>a</sup> Shreve Ave

(Licensed Embalmer's Statement on Reverse Side)

WHILE PLAINLY, WITH UNFAVING INK---THIS IS A PERMANENT RECORD

I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Thomas R. Tenwick, Licensed Embalmer No. 3793

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. Belf

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Thomas R. Tenwick

Licensed Embalmer No. 3793

**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.)**