REC'D JUL 12 1938

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

Do not use this space. 20452

Registration District No. 791

Primary Registration District No. 1003

Registered No. 5591

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis (d) Street No. St. Johns Hospital. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 120

2. PRINT FULL NAME Fred Davis.

(a) Residence, No. 5968a Theodosia Ave. St. 6

(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 Susan Davis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1888.

7. AGE: Years 49 | Months 9 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Houston, Missouri.

FATHER

13. NAME John Davis.

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

MOTHER

15. MAIDEN NAME Annie Anthony.

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

17. INFORMANT (ADDRESS) Mrs. Susan Davis 5968a Theodosia Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Lebanon Cem. DATE June 21, 1938

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc. (ADDRESS) 5966 Easton Ave.

20. FILED JUN 21 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:20 a.m.

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

	Date of onset
General Peritonitis apparently starting from Diverticuli of Colon.	
Cirrhosis of Liver.	

Other contributory causes of importance: 1245

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Joseph M. Jurenka M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.