

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33604
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No. Registered No. **8590**
 (c) City **St Louis Mo** (d) Street No. **St. Louis City Hospital** St.
 (If death occurred in Hospital or Institution give 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.

2. PRINT FULL NAME

(a) Residence, No. **1212 Missouri** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **nil** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 14 1938**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 Gestation nil

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 10. Date deceased last worked at this occupation (month and year) **nil**
 11. Total time (years) spent in this occupation **nil**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

FATHER 13. NAME **Roy Davis**

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

MOTHER 15. MAIDEN NAME **Inez**

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

17. INFORMANT (ADDRESS) **Roy Davis 1212 Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **9-28-38**

19. FUNERAL DIRECTOR (ADDRESS) **Antoinette Bred 3500 Rutger St**

20. FILED **OCT 1 1938** **J. Bredbeck** Local Registrar.

No MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) **9/14 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 **6 45** m.

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

Premature Birth Septateous Abortion (Cause Unknown)

Name of operation Date of
 What test confirmed diagnosis? 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 **See above**
 Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **Joseph M. Quinn** M.D.
 (Address) **Deputy Coroner**

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

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

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

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

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.)