

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

37842  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. .... 1003  
(b) Township ..... 1 Primary Registration District No. ....  
(c) City St Louis (d) Street No. ST JOHNS HOSPITAL Registered No. 10169 St. ....  
(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 WILLIAM JOHN DAVIS

(a) Residence, No. 9138 ARBYLE St. MO OVERLAND Mo. ....  
(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) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF: (OR) WIFE OF SINGLE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 25 1935  
7. AGE YEARS 3 MONTHS 6 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. STONE  
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) MO 0

FATHER 13. NAME GEOFFREY O. DAVIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND. 1

MOTHER 15. MAIDEN NAME BLANCHE ZIMMERMAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 0

17. INFORMANT (ADDRESS) MR G. O. DAVIS

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKE CHARLES DATE NOV 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN

20. FILED NOV 23 1938 St Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938 to Nov 22 1938  
I last saw him alive on Nov 22 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Surgical Septicemia Date of onset Nov 19  
10  
Other contributory causes of importance: myocarditis 1 day

Name of operation ..... 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) Jos P. Cortada M. D.  
St Louis (Address) St Louis

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.

DR. COSTELLA.  
LISTER: BLAG 11 AM

~~DR. OTTO: KGS~~

~~JELLY 462~~

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**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, .....

....., or by .....

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

Signed *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

**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.)**

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