

DECEMBER 11 1938

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

41220  
Do not use this space.

## I. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City of St. Louis (d) Street No. Firmin Desloge Hosp. (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.

## 2. PRINT FULL NAME

Lytle F. Davis  
(a) Residence, No. 1518 So. 11th St St. 23 (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 --

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. R. Sec. Foreman  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
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) Steelville Missouri

FATHER 13. NAME Moses Davis

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

MOTHER 15. MAIDEN NAME Mary Frickland

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

17. INFORMANT Mrs. Kenneth Davis  
(ADDRESS) Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL to PLACE Doe Run, Mo. DATE 12/21/38

19. FUNERAL DIRECTOR A. W. McLaughlin  
(ADDRESS) 2301 Lafayette Ave

20. FILED DEC 20 1938 J. B. Pradesek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1938 to Dec. 17, 1938

I last saw him alive on Dec. 17 at 6 P.M., 1938. Death is said to have occurred on the date stated above, at 4 a. m.

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

Had History of Leaky Heart for number of years  
Death Due to Heart Tissue

Other contributory causes of importance:

Functional Kidney Disturbance also Strained Distress, Due to Infirmities

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) Lindsey V. Dowdell, M. D.

(Address) 2320 S. Grand Bl.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
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, L. R. Cooper, Licensed Embalmer No. 2623

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 L. R. Cooper

Licensed Embalmer No. 2623

**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.)**