

REC'D JAN 11 1939

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

41485
Do not use this space.

791
1008

11177

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City or St. Louis (d) Street No. Homer G. Phillips 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 12A Davis
 (a) Residence, No. 3027 Semple St. 6 (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 F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20
 OCCUPATION 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.
 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) St. Louis, Mo.
 FATHER 13. NAME Clark Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 MOTHER 15. MAIDEN NAME Jessie M. Bradford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Father M. Shepard
2601 N Whittier St.
 18. BURIAL, CREMATION, OR REMOVAL
CITY CEMETERY DEC 29 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Via Family
City Health Dept
 20. FILED DEC 28 1938 J. P. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19- 19 38
 22. I HEREBY CERTIFY, That I attended deceased from 18-19- 1938 to 12-19- 1938
 I last saw her alive on 12-19- 1938 Death is said to have occurred on the date stated above, at 4:10 p. m.
 The principal cause of death and related causes of importance were as follows:
Spina Bifida
Internal Hydrocephalus
Prematurity
 Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Clinical 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?
 If so, specify
 (Signed) Wm B Smith M. D.
 (Address) 2601 N Whittier St.

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.