1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30215

Registration District No. 184 — Primary Registration District No. 200 — Registrar's No. 1560

1. PLACE OF DEATH:

(a) County St Louis 2

(b) City or town overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2834 Edgar ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St Louis

(c) City or town overland (If outside city or town limits, write "RURAL")

(d) Street No. 2834 Edgar ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Author E Davis 120

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 17 (Day) 1880 (Year)

8. AGE: Years 59 | Months | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Evansville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Printer 1

11. Industry or business own business

FATHER
12. Name Robert Davis 1
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lidia Smiley
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature Anna Davis

(b) Address 2834 Edgar ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/39 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters cemetery

18. (a) Signature of funeral director Baumann Bros

(b) Address 2504 Woodson Rd

19. (a) SEP - 2 1939 (Date received local registrar) (b) R. Meyer MD DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th year 1939 hour 10 minute 45 a. M.

21. I hereby certify that I attended the deceased from Aug 12th, 1939, to Aug 30th, 1939; that I last saw him alive on Aug 30th, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Disease of Heart (Aortic Regurgitation)	13 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature H. T. Coleman 1 (M. D. or other)

Address Pattonville Mo Date signed 8-30-39

(Licensed Embalmer's Statement on Reverse Side)

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 compl the above constitutes grounds for revocation of license.)

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