2415 Delmar Blvd

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17 1003

State File No. 19949

Registration District No. 791 Primary Registration District No. Registrar's No. 4897

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis 6
(If outside city or town limits write "RURAL")
(d) Street No. 5425 St Louis ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALICE DAVIS 120

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race COL

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

6. (b) Name of husband or wife JOE DAVIS

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

Birth date of deceased June (Month) 1 (Day) 1867 (Year)

8. AGE: Years 73 Months ✓ Days 3 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business

MOTHER FATHER

12. Name Eli Claybarn

13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

14. Maiden name MARY Unknown

15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Otto Davis

(b) Address 5425 St Louis ave

17. (a) (Burial, cremation, or removal) (b) Date thereof 6 6 40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A T Walton

(b) Address 2707 Stoddard St.

19. (a) JUN 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3 year 40 hour 7:14 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis Fatty Degeneration of Myocardium Old Burn GPI Fast Diabetic Suffered when deceased Burn hurted when a fire of undetermined origin started in the Blanket of her home 5425 St Louis ave Friday 14 6 1940 at about 320 AM. Damage to home Contents about 300

Duration

Other conditions (Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence May 14 1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

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

While at work? (e) Means of injury Burns

23. Signature Alfred Berry (M. D. or other)

Address Deputy Coroner Date signed 6/4/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.