

Registration District No. **71450 III**

Primary Registration District No. **1003**

Registrar's No. **5495**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

8. (a) PRINT FULL NAME Charles P. Davis

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1919
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Neal C. Davis

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

14. Maiden name Berta Fay Kripps

15. Birthplace Neosho, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Neal C. Davis
(b) Address 539 North + South Rd.

17. (a) Removal (b) Date thereof 6-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neosho Mo.

18. (a) Signature of funeral director DR. Rupton + Son
(b) Address #7293 Delmar Blvd.
19. (a) JUN 27 1940 (b) J. F. Bredek
(Date given to registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0
(c) City or town #539 North + South Rd.
(If outside city or town limits, write "RURAL")
(d) Street No. University City N.B.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6/20/40
_____ 19____ to 6/26 1940
that I last saw him alive on 6/26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Acute Appendicitis

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ronald W. Prater (M. D. or other) _____
Address 929 University Ave. Bldg Date signed 6/27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mon. Oct 13 1914
12 - 2 P.M.
92-5542

9:30
Barns Hosp.

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 Bradford A. Miles

Licensed Embalmer No. 2901

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.