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JAN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43885

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2421

6

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tiernon's Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy (If outside city or town limits write "RURAL")
(d) Street No. 3721 Lawler Dr. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert W. Davenport

3. (b) If veteran, name war World

3. (c) Social Security No. 489-03-9389

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb. (Month) 24, (Day) 1893 (Year)

8. AGE: Years 47 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Lincoln (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Iron worker

11. Industry or business

FATHER
12. Name William H. Davenport
13. Birthplace (City, town, or county) Illnois (State or foreign country)

MOTHER
14. Maiden name Etta Jackson
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant
(b) Address 3721 Lawler Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- 24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor Ave.

19. (a) DEC 23 1940 (Date received local registrar) (b) R. L. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1940 hour 4:30 minute M.

21. I hereby certify that I attended the deceased from Dec 19, 1940 to Dec. 21, 1940 that I last saw h alive on Dec. 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Large Duodenal Ulcer posterior. Secondary: Ruptured. Gastric Fluids into Abdominal Cavity, causing Generalized Peritonitis. History: Gastric distress for some time. Ruptured 12-19 at 4:30 P.M. and thrown into complete shock, terminated at 4:30 A.M. 12/21/40

Duration About 1 week

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy Diagnosis was confirmed by 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 Dr. Lukas Tiernon M.D. (M. D. or other)
Address 3710 Jennings Rd Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeal

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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