

No. 2
4-13-40
5-17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9393**
Registrar's No. **2713**

Registration District No. **791** Primary Registration District No. **1003**

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
(Specify whether years, months or days)
In this community **10 years**

3. (a) PRINT FULL NAME **Ruben Davis**
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **Male** 2 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mary Davis** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **July 10, 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **8** **13** hr. min.

9. Birthplace **Atlanta Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ruben Davis Sr.**
13. Birthplace **Georgia**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily (Unk)**
15. Birthplace **Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Addie McGee**
(b) Address **2845 Delmar Blvd. Apt 102**

17. (a) **Burial** (b) Date thereof **3/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. M. C. Green**
(b) Address **3517 Oakley Ave**

19. (a) **MAD 26 1941** (b) **J. T. Brodeur**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **21**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2845 Delmar Apt. 102**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **23rd**
year **1941** hour **3:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 14, 1941 to March 23, 1941**
that I last saw him alive on **March 23, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**
4 1/2 yrs.

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration
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? _____

While at work (Specify type of work) (e) Means of injury _____
23. Signature **Clarence Miller** (M. D. or other)
Address **2601 N. Whittier St.** Date signed _____

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

A. M. Green

Licensed Embalmer No.

1173

P. O. Address

3517 S. ...

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, fact should be so stated above.