

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:  
**3528 Laeledo Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **Life**  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL") **1718**  
(d) Street No. **3528 Laeledo Avenue** (If rural, give location) **9**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Robert Lee Clarence Davis**

3. (b) If veteran, name war **Worlds War** 3. (c) Social Security No. **490-14-9641**

4. Sex **Male** 9 race **Col** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Maudie** 6. (c) Age of husband or wife if alive **Unk.** years  
7. Birth date of deceased **February 17, 1888**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **3** Days **23** If less than one day  
hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business.....

12. Name **James A. Davis**

13. Birthplace **Alabama**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah O. Phillips**

15. Birthplace **Olivette Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah O. Manlin**

(b) Address **3528 Laeledo Avenue**

17. (a) (Burial, cremation, or removal) (b) Date thereof **6-14-41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **J. M. Dubeck**

(b) Address **3517 Soledad Ave**

19. (a) **JUN 11 1941** (b) **J. M. Dubeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10,** year **1941** hour **1** minute **a.m.**

21. I hereby certify that I attended the deceased from **April 25**, 1941, to **June 9**, 1941; that I last saw him alive on **6-19**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration

Due to.....

Due to.....

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).....

(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 **John A. Williams** (M.D. or other)

Address **2617 Franklin Ave** Date signed.....

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

0709

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**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 *P. M. Green*.....

Licensed Embalmer No. *1179*

P. O. Address *3517 S. Laclede Dr*

**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.**