

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:
1033 North Compton Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1.5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1033a North Compton Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
July 1941 to Oct 1941
that I last saw him alive on 10/12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension, I. heart
Atherosclerosis
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 E. J. Gregg (M. D. or other)
Address 1124 Jefferson Ave Date signed 10/13

3. (a) PRINT FULL NAME Fred Davis

3. (b) If veteran, name war -

3. (c) Social Security No. 499-03-9316

4. Sex male 2
5. Color or race col

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

6. (b) Name of husband or wife Eliza

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Jan 23rd 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 20 hr. _____ min.

9. Birthplace: unknown Miss /
(City, town, or county) (State or foreign country)

10. Usual occupation: Labor

11. Industry or business _____

12. Name Henry Davis

13. Birthplace: unknown Miss /
(City, town, or county) (State or foreign country)

14. Maiden name: Margrett Marvin

15. Birthplace: unknown Miss /
(City, town, or county) (State or foreign country)

16. (a) Informant: Eliza Davis
(b) Address: 1033 North Compton Avenue

17. (a) burial (b) Date thereof: 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director: J. H. Randle & Son
(b) Address: 3133 Bell Avenue

19. (a) OCT 17 1941 (b) J. F. Brudick
(Date received and recorded) (Registrar's signature)

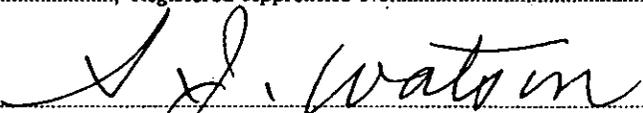
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 

Licensed Embalmer No. 2698

P. O. Address 2769 Christian ave

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.