DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1603

Primary Registration District No.

State File No. 33416

Registrar's No. 8372

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4340 St Louis Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis, MO. (b) County

(c) City or town St Louis, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 4340 St Louis Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES DAVIS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife MARY DAVIS

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years about 64 | Months | Days 10 | If less than one day hr. min.

9. Birthplace FRIENDSHIP (City, town, or county) TENN (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name RUBEN DAVIS
13. Birthplace FRIENDSHIP (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name ANNA McQUIN
15. Birthplace Friendship (City, town, or county) TENN (State or foreign country)

16. (a) Informant's own signature Mary Davis
(b) Address 4340 ST LOUIS AVE 22194

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G. H. Beal Undertaker
(b) Address 2726 Lucas Ave

19. (a) OCT 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1941 hour 3 minute 45a M.

21. I hereby certify that I attended the deceased from 10.14.41, 19..., to 10.18.41, 19...; that I last saw h. alive on 10.14.41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Hypertensive Heart Disease — Duration 5 yrs.

Due to

Due to

Other conditions None
(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) (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 James B. Harris (M. D. or other)
Address 2835 a Easton Ave Date signed 10.21.41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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 Arthur L. Heilland

Licensed Embalmer No. 4221

P. O. Address 2649 Dilmas

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

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