

No. 2  
1-4-41  
17-39

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42881

DEC 31 1941  
Registration District No. 54

Primary Registration District No. 22

Registrar's No. 2596

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Bridgeton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Natural Bridge Rd. 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1391 Temple Pl.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Gene Davis  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 496-18-0807

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 20  
 year 1941 hour 11-12:05 minute \_\_\_\_\_ A. P. M.

4. Sex Male  0 5. Color White  0  
 6. (a) Single, widowed, married, divorced Single  0  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

7. Birth date of deceased June 22 1921  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 5 28 hr. \_\_\_\_\_ min.

Immediate cause of death. As the result of an automobile collision while riding as a passenger in an automobile on a public highway  
 Due to Fractured skull

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

10. Usual occupation Time Keeper

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy Yes

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Davis  
 13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Georgia Harrison  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant George Davis  
 (b) Address 1391 Temple Pl.

17. (a) Burial (b) Date thereof 12-22-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cem. Drehmann-Harral

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 1905 Union Blvd.

19. (a) DEC 22 1941 (b) L. H. Bapp  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 0%  
 (b) Date of occurrence Dec. 19, 1941  
 (c) Where did injury occur? Natl Bldg & Bridgeton Sta  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Louis H Bapp (Ink)  
 Address Kirkwood, Mo. Date signed 12/20/41

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.....

Licensed Embalmer, No. *4237*

P. O. Address.....

**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.**