No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42899

DEC 31 1941

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2599

**1. PLACE OF DEATH:**

(a) County Saint Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community ~~55 years approx.~~ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town South Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. 33 Le Houge St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES COLLIER DAVIS.

3. (b) If veteran, name war Spanish-Amer

3. (c) Social Security No.

4. Sex male

5. Color or race Col.

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 years

7. Birth date of deceased April 25, 1879 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 62 | 7 | 25 | hr. min. |

9. Birthplace Bolivar Co. (City, town, or county) Miss (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

FATHER
12. Name Josh Davis
13. Birthplace Bolivar Co. (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Mattie Fox
15. Birthplace Bolivar Co. (City, town, or county) Miss. (State or foreign country)

16. (a) Informant William J. Davis

(b) Address 33 Le Houge, So. Kinloch, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/41 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Washington Park~~ Natural Bu

18. (a) Signature of funeral director Boyd Bros.

(b) Address Lix Ave, So. Kinloch, Mo.

19. (a) DEC 22 1941 (Date received local registrar) (b) J. G. McGavin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 20 year 1941 hour 9:35 minute P M.

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

Immediate cause of death Natural causes.

Due to Benign hypertrophy of the prostate with hydronephrosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

137a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Boff Coroner (M. D. or other)

Address Kirkwood, Mo. 12/22/41 Date signed

767

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 19

## 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.....

P. O. Address.....

**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, fact should be so stated above.**