

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8447  
State File No. \_\_\_\_\_  
Registrar's No. 3348

Registration District No. \_\_\_\_\_ Primary Registration District No. 1000

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one month  
(Specify whether \_\_\_\_\_)  
In this community 29 Years  
(years, months or days)

3. (a) PRINT FULL NAME John Thomas Davey

3. (b) If veteran, name war XXXXXXXXXX 3. (c) Social Security No. XXXXXX

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Laura Davey  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 17, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brooklyn New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

MOTHER FATHER { 12. Name Michael Davey  
13. Birthplace Unknown  
14. Maiden name Margaret Ward  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Basa Anderson  
(b) Address 1945 Warren St.

17. (a) Cremation (b) Date thereof 4-15-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Bld.

19. (a) APR 14 1942 (b) J. T. Briscoe  
(Date received local registrar) (Registrar's signature)

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. 1945 Warren Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13,  
year 1942 hour 7:30 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 13, 1942  
to April 13, 1942  
that I last saw him alive on April 13, 1942  
and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 week  
Due to Chronic hypertensive hypertension eye  
Due to \_\_\_\_\_ eye

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 Arthur S. ... (M. D. or other) M.D.  
Address 2202 University Date signed 4/14/42

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

10  
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, ~~xxx~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Jack H. Lohman*

Licensed Embalmer No. 4110  
4024 Lindell Blvd.  
P. O. Address..... St. Louis, Missouri.....

**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.**