

FILED APR 17 1942 791

Registration District No. \_\_\_\_\_

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

**1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis Childrens Hosp/  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Desloge, Mo.  
(If outside city or town limits, write "RURAL") 09400  
(d) Street No. \_\_\_\_\_  
(If rural, give location) N.R. 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME CHARLES EUGENE DAVIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 8 1930  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 7 25 hr. min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Paul Davis  
13. Birthplace Desloge, Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Myrtle Hoff Fobes  
15. Birthplace Prospect, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Davis  
(b) Address Desloge, Mo.

17. (a) Removal (b) Date thereof 4/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Mo.

18. (a) Signature of funeral director Albert Hoppe

(b) Address 4700 Washington

19. (a) APR 5 1942 (b) J F Gredert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3  
year 42 hour 7 minute 0 A.M.  
21. I hereby certify that I attended the deceased from March 13,  
1942, to April 3 1942

that I last saw h.i.m. alive on April 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Panocarditis Duration 1 month

Due to rheumatic fever, Chronic

Due to S.P.

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

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

Of autopsy acute panocarditis - fibrous  
panocarditis

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) Signs of injury \_\_\_\_\_

23. Signature Renell Desloge (M. D. or other) 0  
Address 1700 W. Kingshighway Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20  
17  
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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 *J. G. Sullivan*  
Licensed Embalmer No. *1122*  
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.**