

Registration District No. 1291

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3911 Bates Street.
(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 Missouri. (b) County _____
(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")
3911 Bates Street.
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence E. Davenport.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-01-2756.

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
7. Birth date of deceased September 20, 1885.
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Auto Salesman

11. Industry or business _____

12. Name Adolph Davenport
13. Birthplace Unknown / Illinois.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Brown
15. Birthplace Unknown / Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Orad Davenport -
(b) Address 3911 Bates Street.

17. (a) Burial (b) Date thereof April 21, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Ziegenhain Bros,
(b) Address 6409 Gravois Ave.

19. (a) Apr 19 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th.
year 1942. hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 15th
1942 to April 18th 1942
that I last saw him alive on April 17th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure from Hypertension
Due to Hypertension
Due to _____

Duration

2 Months

Other conditions (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 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 Arnold E. Klein (M. D. or other) _____
Address 2632 South Kingshighway Date signed 4/21/42

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 W E Morris
Licensed Embalmer No. 3360
P. O. Address 6409 Gravois

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.