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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19491

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 5391

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

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Hours (Specify whether years, months or days)
In this community: 3120 Clark Ave 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 18
(c) City or town: St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3120 Clark Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Milton Davis
3. (b) If veteran, name war: No
3. (c) Social Security No. 497-09-5756
4. Sex: Male 2
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: Single
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 31st (Day) 1911 (Year)

8. AGE: Years 31 Months 4 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: Starksville (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Century Electric Co

FATHER
12. Name: Arthur Davis
13. Birthplace: Starksville (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name: Mary Grover Tainer
15. Birthplace: Starksville (City, town, or county) Miss (State or foreign country)

16. (a) Informant: Mary Groves Davis
(b) Address: 3120 Clark Ave
17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof: 6-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Starksville, Miss.
18. (a) Signature of funeral director: Ellis Fun, Home
(b) Address: 2820 Stoddard St
19. (a) JUN 23 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 12 minute 15 A. 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: Broncho Pneumonia
Due to: Chronic Myocarditis
Due to:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Alfred J. Perry (M. D. or other)
Address: Deceased home Date signed 6/23/42

X4Y (Licensed Embalmer's Statement on Reverse Side)

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 L. Boykin, Registered Apprentice No. Mig, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo.

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.