

S. No. 2
4-542
5-17-39
P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25775

State File No. _____

FILED SEP 10 1942

318

Primary Registration District No. 1003

Registrar's No. 7309

1. PLACE OF DEATH:

(a) County _____

(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 9 days
(Specify whether years, months or days)

In this community 12 years

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. 3425 Clark (rear)
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Davis

3. (b) If veteran, no, name war _____

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29,
year 1942 hour _____ minute 20 A. M.

21. I hereby certify that I attended the deceased from August 20,
19 42, to August 29, 19 42
that I last saw h. er alive on August 29, 19 42;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas Davis 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: January 11th, 1884.
(Month) (Day) (Year)

Immediate cause of death:
Hypertensive Heart Disease with
Decompensation

Duration Unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 58 Months 7 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-wife.

11. Industry or business Domestic.

12. Name Horton Vaughn,

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Davis

(b) Address 3425, Rear Clark St, St Louis, Mo

17. (a) Burial (b) Date thereof Sept 3 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Jordan F. Home

(b) Address 2812 Thomas, St, St Louis, Mo.

19. (a) SEP 1 1942 (b) J. F. Bruck
(Date received local registration) (Registrar's signature)

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) _____

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 S. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 8/31/42

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

STATEMENT BY LICENSED EMBALMER

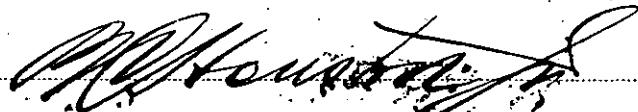
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No 2266.....

P. O. Address **2812 Thomas, St, 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.