

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38631

State File No.

Registration District No. 318

Primary Registration District No. 21000

Registrar's No. 66

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis,
(d) Street No. 2734 Lucas Ave.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Jessie Davis
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2,
year 1943 hour 4 minute 50 A. M.

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tenna Davis
6. (c) Age of husband or wife if alive Not Known years

21. I hereby certify that I attended the deceased from December 29, 1942 to January 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Coronary Heart Disease Unk. & Terminal Uremia
Duration Unknown

8. AGE: Years About 51 Months Days If less than one day hr. min.

Due to 9 H
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Ark. (City, town, or county) (State or foreign country)
10. Usual occupation laborer

11. Industry or business Que Davis
12. Name Ark.
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Ark. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Tenna Davis
(b) Address 2734A Lucas Ave.

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.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1943
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.
19. (a) JAN 4 1943 (Date received local registrar) (b) J. T. Braddock (Registrar's signature)

23. Signature J. E. Smith (M. D. or other) Address 2601 Whittier Date signed 1/2/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clark Manning

Licensed Embalmer No.....

3371

P. O. Address.....

St. Louis

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.