

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

43

FILED MAR 15 1943

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1010-Pine Street 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **10,023-LACKLAND**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **CORNELIUS R. DAVIS**

3. (b) If veteran, name war **No** (c) Social Security No. **488-03-6341**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **IM**

6. (b) Name of husband or wife **DAISY** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **FEB 27 1882**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **0** Days **6** If less than one day hr. min.

9. Birthplace **ST LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **WATCHMAN**

11. Industry or business **S.W. BELL TEL. CO.**

12. Name **GEORGE DAVIS**

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

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Blanton**

(b) Address **10,023-Lackland Overland, Mo**

17. (a) **Burial** (b) Date thereof **3-8-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VAL HALLA**

18. (a) Signature of funeral director **William Brosnan**

(b) Address **2504-Woodson Rd-Overland, Mo**

19. (a) **MAR 6 1943** (b) **J. F. French**  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **5**  
year **1943** hour **3:40** minute **P.** 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.....  
**Coronary Occlusion**  
Due to **Arteriosclerosis**  
Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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 **Thomas Callahan** (M. D. or other)  
Address **Deputy Coroner** Date signed **3-6-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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..... *Oscar F. Mueller* .....

Licensed Embalmer No..... *3089* .....

P. O. Address..... *Overland 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.**