

ED MAY 14 1943

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1518 Mississippi Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

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. 1518 Mississippi
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Russell Davis

3. (b) If veteran, name war.....

3. (c) Social Security No. UNKNOWN

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Davis

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 25 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 11 6 hr. min.

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

10. Usual occupation Waiter

11. Industry or business.....

12. Name Frank Davis

13. Birthplace UNKNOWN Illinois
(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 Ruby Davis

(b) Address 1518 Mississippi Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/9/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lawrenceville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 7 1943 (Date received local registrar) (b) J. Beedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 2:55 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Myocarditis

Due to.....

Due to.....

Other conditions (Includes 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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....
Address [Signature] Date signed 5/13/43

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..... *J. Allen Davis Jr.*.....
Licensed Embalmer No. *4053*.....
P. O. Address.....

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.