

S. No. 2
M-2-44
5-17-38
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18947

State File No.

Registrar's No.

FILED JUN 4 1943

Registration District No. 317

Primary Registration District No. 3066

1296

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Bonhomme Twp. Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 708 N. Ewing (If rural, give location)

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

3. (a) PRINT FULL NAME Doil, W. Davis

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced O.S.

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

7. Birth date of deceased 5/10/1929
(Month) (Day) (Year)

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

14 1 21 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Doil Davis

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

14. Maiden name Roberta Gilbert

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

16. (a) Informant Roberta Gilbert Davis

(b) Address 708 N. Ewing Ave

17. (a) (Burial, cremation, or removal) (b) Date thereof 6/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director English and Co

(b) Address 2931 16th Ave

19. (a) 6-1-43 (Date received local registrar) (b) E. D. McKernan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 3:30 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 Accidentally drowned in Meramec River.

Due to..... Drowning.

Due to..... 183-3

Other conditions..... (Include pregnancy within 3 months of death) 36

Major findings: Of operations.....

Of autopsy No.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident. 096

(b) Date of occurrence May 31, 1943

(c) Where did injury occur? Meramec River.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature Davis (M, D. or other) Coroner

Address Kirkwood, Mo. 6-1-43 Date signed.....

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

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

1916

James ...

...

...

...

H...

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.....

Licensed Embalmer No.....

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.