

SEP 11 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 days
(Specify whether years, months or days)
In this community..... 26 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Abner Davis
3. (b) If veteran, name war..... No
3. (c) Social Security No..... None

4. Sex Male 5. Color or Race Col
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife..... Unknown
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased..... Abt. 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 93 hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER
12. Name Unknown
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 Mary Hill
(b) Address 39 S. Channing Avenue

17. (a) Removal (b) Date thereof Sept. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) SEP 1 1943 (b) J. J. Boudreau
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... 000
17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
9/18
(d) Street No. 39 So. Channing
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26,
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from August
21, 1943 to August 26, 1943.
that I last saw him alive on August 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Arterial Hypertension

Duration
5 days
Unk.

Due to.....

Due to.....

Other conditions..... 830
(Include pregnancy within 3 months of death)

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).....
(b) Date of occurrence.....
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 H. J. Lewis (M. D. or other)
Address 2601 Chatter Date signed 8/27/43

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.....

W. M. Sheen

Licensed Embalmer No. *1173*

P. O. Address *3517 Saclède Co*

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.