

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36274

State File No.

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

FILED NOV 18 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9685

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis,  
(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 23 Hours <sup>U</sup>  
(Specify whether

In this community Unavailable  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 9685

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

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL") 26

(d) Street No. 910 Brooklyn Street  
(If rural, give location) 17

(e) Citizen of foreign country?..... (Yes or No) 9  
If yes, name country U

3. (a) PRINT FULL NAME William Davis

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 3,  
year 1943 hour 4:25 minute A. M.

4. Sex Male <sup>2</sup>

5. Color or race Negro

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

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

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

7. Birth date of deceased Unavailable 1858  
(Month) (Day) (Year)

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.

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

About 85 hr. min.

Immediate cause of death.....

Due to.....

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

Due to Cerebral Apoplexy

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

10. Usual occupation Janitor

Major findings: Of operations.....

11. Industry or business Private Home

Of autopsy.....

MOTHER FATHER { 12. Name Unavailable Davis

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

14. Maiden name Unavailable

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

16. (a) Informant Mrs. Laura Connors

(b) Address 910 Brooklyn

17. (a) Burial (b) Date thereof 11/6/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 404 1/2 Finney Avenue

19. (a) 1943 J. F. Brueck  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury.....

23. Signature J. F. Brueck (M. D. or other)

Address 404 1/2 Finney Avenue Date signed 11/4/43

**STATEMENT BY LICENSED EMBALMER**

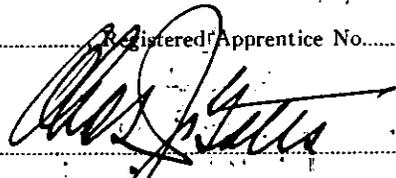
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Charles J. Gates

working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

**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.**