V. S. No. 2
00M—8-43
Rev. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25636

Registrar's No. 1616

1600

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans' Administration Facility 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. March 31, 1944 (Specify whether years, months or days)

In this community: Since March 31, 1944

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Saint Clair 999

(c) City or town: East St. Louis (If outside city or town limits, write "RURAL") 11 0

(d) Street No.: 1718a State St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: - -

3. (a) PRINT FULL NAME: DAVIS, William S.

3. (b) If veteran, name war: W.W. #1

3. (c) Social Security No. 335-10-6118

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Anna Davis,

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: August (Month) 30, (Day) 1897 (Year)

8. AGE: Years 46 | Months 10 | Days 27 | If less than one day: hr. - - min.

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

10. Usual occupation: Steam Fitter

11. Industry or business: - -

FATHER

12. Name: William Davis,

13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER

14. Maiden name: Anna Bowman,

15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: M. Schelly Cl.Clk.

(b) Address: Vets.Adm.Fac., Jeff. Brks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 27, 1944 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: John J. Kassly

(b) Address: 1101 79th St. East St. Louis, Ill.

19. (a) JUL 31 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1944 hour 2:20 minute A.M. M.

21. I hereby certify that I attended the deceased from March 31, 1944 to July 27, 1944 that I last saw him alive on July 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA, PYRIFORM FOSSA RIGHT, WITH METASTASES CERVICAL GLANDS, RIGHT. — Duration: Abt. 2-yrs.

Due to: - -

Due to: - -

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: Of operations: No Operation

Of autopsy: No 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): No

(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) Means of injury: 0

23. Signature: L.M. COCHRAN, LT.COL.M.C. (M. D. or other)

Address: CHIEF MEDICAL OFFICER, Date signed: 7-27-44

707 (Licensed Embalmer's Statement on Reverse Side) Jefferson Barracks, Mo.

SEP 1 1944

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.

Not Embalmed

Signed John J Kassly

Licensed Embalmer No. 6855 Ill

P. O. Address East St. Louis, Ill

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.