S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39265

Registrar's No. 11097

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: Homer G. Phillips Hospital
(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 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 8 N. Jefferson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George W. Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. (Month) 3 (Day) 1878 (Year)

8. AGE: Years 66 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Calvin Davis

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

14. Maiden name Mary Blakes

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

16. (a) Informant Cecil Camille

(b) Address 2624 Spruce St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Texas

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine St.

19. (a) DEC 27 1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1944 hour 2:00 minute A. M.

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

Immediate cause of death — Duration

Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

108

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

(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? (Specify type of place)

While at, work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 12-27-44

(Licensed Embalmer's Statement on Reverse Side)

George W. Davis

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 John G. Pettus

Licensed Embalmer No. 4684

P.O. Address St. Louis, Mo

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.