. S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3338

Registrar's No. 364

1. PLACE OF DEATH:

(a) County: ST. LOUIS COUNTY

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ADM. Dec. 9, 1944. (Specify whether

In this community: unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 〃

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

(d) Street No.: 2227 Randolph Street,
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: Jesse DAVENPORT

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

3. (c) Social Security No. 709-12-4193

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Mrs. Annie Davenport

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: March (Month) 18, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	10	15	hr. min.

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

10. Usual occupation: Pullman Porter

11. Industry or business: -

FATHER
12. Name: Greene Davenport
13. Birthplace: (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name: Mary Mowby
15. Birthplace: (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: Clinical Records,
(b) Address: Vet. Adm. Fac., Jeff.Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb. 8 '45 (Month) (Day) (Year)
(c) Place: burial or cremation: Tupelo, Miss.

18. (a) Signature of funeral director: Russell Undt. Co.
(b) Address: 2732 Pine St.

19. (a) FEB 6 1945 (Date received local registrar) (b) E. G. McLauzan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd, year 1945 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from December 9, 1945 to February 3, 1945; that I last saw him alive on February 3, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE.	Unkn.
Due to: -	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis, general.	Unkn.

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? (Specify type of place)
While at work (e) Means of injury:

23. Signature: E. V. EDWARDS, Major, M.C. (M. D. or other)
Address: Acting Clinical Director Date signed 2/5/45

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

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 Jack Russell

Licensed Embalmer No. 4112

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.