

FILED APR 23 1945

318

Primary Registration District No.

1003

Registrar's No. **3205**

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(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: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1514a Hebert Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Claude Davis

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence L. (nee Roach) 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 17, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Fireman
Columbia Box Co.

11. Industry or business

12. Name Frank Davis

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

14. Maiden name Not known

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

16. (a) Informant Mrs. Florence L. Davis

(b) Address 1514a Hebert Street

17. (a) Burial (b) Date thereof 4/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) APR 10 1945 (b) J. F. Brodeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1945 hour 10:22 minute P. M.

21. I hereby certify that I attended the deceased from 3/29/45
to 4/10/45

that I last saw him alive on 4/10/45
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2-3 d

Due to 115

Due to

Other conditions Ca of tongue
(Include pregnancy within 3 months of death)

Major findings: Of operations Ceostomy

Of autopsy Pneumonia

Ca tongue

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) (e) Means of injury

23. Signature Mihara (M. D. or other)

Address 1515 Lafayette 4/10/45 signed

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

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 *Walter D. Burnley*
Licensed Embalmer No. *3020*
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.