

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

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

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: **Missouri Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
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. **5207 Lillian Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Donald Roger Davis**
3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **September - 1934.**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **18th**
year **1945** hour **11:00** minute **P.** M.
21. I hereby certify that I attended the deceased from **Nov. 13** 19**45** to **Nov. 18** 19**45**
that I last saw him alive on **Nov. 18** 19**45**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
11 hr. min.
9. Birthplace **Chicago, Illinois.**
(City, town, or county) (State or foreign country)

Immediate cause of death **Infantile paralysis**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....
12. Name **Earl C. Davis**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Mildred Ketchum**
15. Birthplace **N. Dakota**
(City, town, or county) (State or foreign country)
16. (a) Informant **Earl C. Davis**
(b) Address **5207 Lillian Ave.**
17. (a) **Burial** (b) Date thereof **Nov. 21, 1945.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**
18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
(b) Address **4828 Natural Bridge Blvd.**
19. (a) **NOV 21 1945** **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....
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)
(a) Means of injury.....
23. Signature **J. Wistar White** (M. D. or other)
Address **4500 Olive** Date signed **11/19/45**

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A. Mlinar*
Licensed Embalmer No. *4186*
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.