V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14632

Registration District No. 318 Primary Registration District No. 1002 Registrar's No.

**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: 4018 McRee Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 35 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County — 0011

(c) City or town St. Louis 1717
(If outside city or town limits, write "RURAL")

(d) Street No. 4018 McRee Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No — (Yes or No) 0

If yes, name country —

**3. (a) PRINT FULL NAME** HARRY G. DAVIS

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Rosa

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May (Month) 31 (Day) 1883 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 10 | 21 | — hr. — min. |

9. Birthplace Winfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clerk

11. Industry or business RR Express Co.

FATHER
12. Name Henry Davis
13. Birthplace Canton, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Wing Field
15. Birthplace Ellsbury Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Rosa Davis
(b) Address 4018 McRee Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director AW McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) APR 23 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 22nd year 1946 hour 6:00 minute a M.

21. I hereby certify that I attended the deceased from April 20, 1946 to April 22, 1946 that I last saw him alive on April 21, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Coronary Occlusion | 2 days |
| Due to | |
| Due to | |
| Other conditions: Myocarditis (chronic) (Include pregnancy within 3 months of death) | ? |

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 H. Louis Schuchat (M. D. or other)
Address 2200 Chouteau ave Date signed 4-22-46

(Licensed Embalmer's Statement on Reverse Side)

Mrs L. Schuchat
2200 Chouteau

**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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Ave

**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.**