

FILED JUL 3 1946

STANDARD CERTIFICATE OF DEATH 1003

State File No.

21648

Registrar's No.

5520

Registration District No.

318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5913 Minnesota Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 08
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5913 Minnesota Ave.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

George H. Davis

3. (b) If veteran, name war.....

None

3. (c) Social Security, No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Davis 6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased October 12, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 6 If less than one day
hr. min.

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

10. Usual occupation Retired 15 years
Mechanic

11. Industry or business

MOTHER FATHER

12. Name Edward G. Davis
13. Birthplace England
14. Maiden name Mary Harding (State or foreign country)
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Davis
(b) Address 5913 Minnesota

17. (a) Burial (b) Date thereof 6-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) JUN 21 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1946 hour 6 minute 05 p. M.

21. I hereby certify that I attended the deceased from 18 June 1946 to 18 June 1946
that I last saw him alive on 18 June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death infection
Due to infectious of old age
Due to

Other conditions 162
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Charles A. Nester (M. D. or other)
Address 439 Bales Date signed 1946

DR NESTER
439 BATES

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..... *J. Wm Bunsley*
Licensed Embalmer No..... *36513*
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.