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v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28576

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6911

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

(d) Length of stay: In hospital or institution 2½ weeks (Specify whether

In this community 36 years 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. 4370 Finney Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alvin Davie

3. (b) If veteran, name war

3. (c) Social Security No. 498-03-3721

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Eva Davie

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 13th, (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	11	18	hr. min.

9. Birthplace Hopkinsville, Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Welder-Scullins

11. Industry or business

FATHER
12. Name Jerry Davie
13. Birthplace Hopkinsville, Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marybelle Younglove
15. Birthplace Hopkinsville, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Eva Davie

(b) Address 4370 Finney Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) AUG 8 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16th, 1946 to Aug. 1st, 1946 that I last saw him alive on Aug. 1st, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Silicosis	6 Mos.
Due to	
Due to	
Other conditions Pneumoconiosis (Include pregnancy within 3 months of death)	6 Wks

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 W. C. Brady (M. D. or other)

Address 941a N. Sarah St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

1169

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

Thomas J. Gates, Registered Apprentice No.,

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.