

No. 2
5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28578

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **25381**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **1914a St. Louis Ave.**
(d) Length of stay: **69 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **1914a St. Louis Ave.**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Mr. Alonzo G. Davis**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **29th.** year **1946** hour **1:30 PM.** minute _____ M.

4. Sex **male** 5. Color or race _____
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Delia Dans**
6. (c) Age of husband or wife if alive **70** years

21. I hereby certify that I attended the deceased from **Sept 6 - 1946** to **Aug 28 - 1946** that I last saw him alive on **Aug 28 - 46** and that death occurred on the date and hour stated above.

7. Birth date of deceased **November 14th, 1868**
8. AGE: Years **77** Months **9** Days **15**

Immediate cause of death **Chronic myocarditis**
Due to _____

9. Birthplace **New Salisbury Ind.**
10. Usual occupation **none**

Other conditions **Chromasterochromia**
Major findings: **none**

MOTHER FATHER
11. Industry or business _____
12. Name **Wood Davis**
13. Birthplace **Indiana**
14. Maiden name **Shodgrass**
15. Birthplace **unknown**

Of operations **none**
Of autopsy **no**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Delia Davis**
(b) Address **1914a St. Louis Ave.**
17. (a) Burial **Memorial Park Cem.**
(b) Date thereof **8-1st-46**
(c) Place: burial or cremation _____
18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**
19. (a) **SEP 1 1946** (b) **J. P. Bredsek**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence _____
(c) Where did injury occur? **no injury**
(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 **none**
23. Signature **M. F. Harmon** (M. D. or other) **SEP 31 - 46**
Address **2738 N. Grand** Date 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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *St. Louis 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.