

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35031**
Registrar's No. **9307**

FILED NOV 12 1946

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(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 Illinois (b) County Randolph
(c) City or town Chester
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gladstone Blaine Davis
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Margaret Davis 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 23 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 6 hr. min.

9. Birthplace Geneva Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Consulting Engineer

11. Industry or business _____

12. Name William J. Davis

13. Birthplace Wales
(City, town, or county) (State or foreign country)

14. Maiden name Ida B. Reeves

15. Birthplace Arena Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. William Davis

(b) Address Chester, Ill.

17. (a) Removal (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address Washington Blvd.

19. (a) OCT 30 1946 (b) J. F. Bredeek
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1946 hour 7:55 minute 0 A. M.
21. I hereby certify that I attended the deceased from Oct 29 1946 to Oct 29 1946
that I last saw him alive on Oct 29 1946
and that death occurred on the date and hour stated above

Immediate cause of death Advanced Chronic Myocarditis - Decompensated Heart
Due to Advanced Coronary Artery Disease - Myocardial Degeneration - Metabolic Disturbance - Renal & Liver Degeneration
Other conditions Renal & Liver Degeneration
(Include pregnancy within 3 months of death)

Duration
<u>57 yrs</u>

Major findings: _____
Of operations: _____

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

Autopsy P.M. Done by Dr. J. Roberts, Findings?

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) _____
(e) Means of injury _____

23. Signature Dr. J. F. Bredeek (M. D. _____)
Address 8321 No. Broadway Date signed 10/29/46

JUL 1 1952

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. Allen Daniels*

Licensed Embalmer No. *4257*

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.