. S. No. 2
M—12-45
v. 5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42297
Registrar's No. 10933

FILED JAN 7 1947

Registration District No. 318 — Primary Registration District No. 1003

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: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community 4 1/2 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 18 ELM PLACE
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CHARLES BENJIMAN DAVIS
3. (b) If veteran, name war
3. (c) Social Security No. 494-07-8018
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE CECELIA DAVIS
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased OCTOBER 10 1908 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	2	9	— hr. — min.

9. Birthplace CHATTANOOGA (City, town, or county) TENN (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business DOROTHY PERKINS COSMETICS

MOTHER FATHER
12. Name BENJIMAN WICKER DAVIS
13. Birthplace IN (City, town, or county) (State or foreign country)
14. Maiden name JESSIE MORPHEW
15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant Marie C Davis
(b) Address 18 ELM PLACE WEBSTER GROVES
17. (a) ~~BAL HALLA~~ (Place of interment or cremation) (b) Date thereof DEC-21-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla crematory Cremation
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO
19. (a) DEC 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1946 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1. Internal Hemorrhage from ruptured Liver & fracture of the ribs (all of the right side.) — Duration
Due to When the automobile he was driving was struck by a truck
Due to Driving / Driver by Melvin George Gaepher at the Chalfonte Hotel
Other conditions and McCausland
(Include pregnancy within 3 months of death) Dec Around 8:43 Pm Dec 19
Major findings of operation —
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) Accident
(b) Date of occurrence Dec 19 1946
(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? Public street
(Specify type of place)
While at work? — Means of injury Collision

23. Signature Alfred Stern (M. D. or other)
Address Clayton Mo Date signed 12/20/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1949

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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.