

No. 2  
-12-45  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6162

FILED MAR 11 1947 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2116

1. PLACE OF DEATH:

(a) County St. Louis  
(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 Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Yr. 1 Mo. 26 Days  
In this community Life  
years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooo  
(c) City or town St. Louis 13 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St. 4  
(If rural, give location)  
(e) Citizen of foreign country? American (Yes or No) o  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Davis, Hugh

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Cora McDaniels  
6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased March 14 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 10 17 hr. min.

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

10. Usual occupation Decorator

11. Industry or business \_\_\_\_\_

12. Name Hugh Davis

13. Birthplace Virginia  
(State or foreign country)

14. Maiden name Margaret Claywell

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

16. (a) Informant City Infirmery Records

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3 3 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. J. Quinn

(b) Address 1389 Union Blvd.

19. (a) MAR 2 1947 (b) J. A. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1947 hour 2:15 minute a M.

21. I hereby certify that I attended the deceased from January 3, 1946  
to Mar. 1, 1947

that I last saw him alive on Mar. 1, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure degenerative  
Duration 1945 pl.

Due to Emphysema 1946

Due to Cirrhosis of liver 1946 pl.

Other conditions (Include pregnancy within 3 months of death) 1/24

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Palmer P. Bowlich (M: D. or other) o

Address 5800 Arsenal Date signed Mar 4 1947

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

MOTHER FATHER

*Name*

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**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 *Rex Campbell*  
Licensed Embalmer No. *3881*  
P. O. Address.....

**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.**