

No. 2
12-45
17-39
X47070

FILED MAY 29 1947
318

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County... **ST. Louis.**
(b) City or town... **ST. Louis.**
(c) Name of hospital or institution:
Homer G. Phillips, Hospital. 0
(d) Length of stay: In hospital or institution
(5) Years
In this community
(5) Years

2. USUAL RESIDENCE OF DECEASED:
(a) State... **Missouri** (b) County... **000**
(c) City or town... **ST. Louis.**
(d) Street No. **3004 Pine Street**
(e) Citizen of foreign country? **NO**
If yes, name country... **U.S.A.**

3. (a) PRINT FULL NAME **Lewis Davis**
3. (b) If veteran, name war... **Worlds #I**
3. (c) Social Security No. **436-07-0628**
4. Sex **2 Male** 5. Color or race **Col** 6. (a) Single, widowed, divorced, married **Married**
6. (b) Name of husband or wife... **Agnes Davis** 6. (c) Age of husband or wife if alive... **49** years
7. Birth date of deceased... **April 13th 1897**
8. AGE: Years **50** Months **I** Days **I**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **14** year **1947** hour **3** minute **48** 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... **Hydrofluoric Poisoning**
Due to **Self-administered at his home 3004 Pine St on May 14, 1947 after time**
Other conditions... **Unknown**

Major findings: Of operations... **163**
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... **May 14, 1947**
(c) Where did injury occur? **at home**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
White at work? _____ (Specify type of place) _____
Means of injury... **6 other**
23. Signature **Catrick E Taylor** (Date of signature) **Dec 3**
Address **1300 Clark** Date signed **5-15-47**

MOTHER FATHER
9. Birthplace... **Trenton Tenn**
10. Usual occupation... **Porter Fred. Harvey**
11. Industry or business...
12. Name... **Davis**
13. Birthplace... **Tenn.**
14. Maiden name... **Unknown**
15. Birthplace... **Tenn**
16. (a) Informant... **Agnes Davis**
(b) Address... **3004 Pine Street.**
17. (a) (b) Date thereof... **Burial**
(c) Place: burial or cremation... **National Cem - Jefferson Barracks, Mo**
18. (a) Signature of funeral director... **Pace & Walker**
(b) Address... **2829 Washington Blvd.**
19. (a) (b) **J. F. Predeck**

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.....

Jeffrey E. Cooper
working under my personal supervision.

Registered Apprentice No. *506*

Signed *James Hyatt*
Licensed Embalmer No. *4441*
P. O. Address *2829 Washington*

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.