No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19650

State File No. 11

Registration District No. 31

Primary Registration District No. 3062

Registrar's No. 1056

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8714 Rose St. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1407 Blair 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Smith Davis

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 4 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	3	..... hr. ..... min.

9. Birthplace Bolton (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business .....

FATHER
12. Name John Davis
13. Birthplace Bolton (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Cheney Jones
15. Birthplace Unknown (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Malinda Fuller
(b) Address 1407a Blair

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, '47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave.

19. (a) 5-14-47 (Date received local registrar) (b) Cecil C. Sharp MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 5 day 7
year 1947 hour ..... minute ..... 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 ..... Duration

Pending

Due to myocardial decompensation 93-8-2

Due to 93 l

Other conditions .....
(Include pregnancy within 3 months of death)

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Cecil C. Sharp MD (M. D. or other)

Address Commissioner of Health Date signed 5-13-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1941

JUN 10 1947

JUN 9 1947

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.