No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22161

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8464

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: Homer G Phillips Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3227 Rutger (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) d
If yes, name country

3. (a) PRINT FULL NAME Clyde Davis, Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 1
5. Color or race Negro
6. (a) Single, widowed, married, divorced O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1947 (Year)
8. AGE: Years ✓ Months Days 24 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Clyde Davis
13. Birthplace Sturgis (City, town or county) Miss (State or foreign country)
MOTHER 14. Maiden name Lucy Davis
15. Birthplace Starks (City, town, or county) Miss (State or foreign country)
16. (a) Informant Clyde Davis Sr.
(b) Address 3227 Rutger
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1947 (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) JUL 8 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1947 hour 10 minute 05 P.M.
21. I hereby certify that I attended the deceased from June 26 1947, to July 5 1947; that I last saw him alive on July 5 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diarrhea, Acute	Undet.
Due to: 119a	
Due to:	
Other conditions: Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause of 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 O
23. Signature Theodore Blevins (M. D. or other)
Address 2601 N Whittier St Date signed 7/7/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

..... No Embalming ..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.