

No. 2
4-5-43
5-17-39
1 X36871

FILED JUN 23 1947
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State File No. _____
Registrar's No. 5705

Registration District No. _____ Primary Registration District No. 1003

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:
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME LEONARD E. DAVIS
3. (b) If veteran, name was World War #2
3. (c) Social Security No. 487-22-1362

4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4, 1922
(Month) (Day) (Year)

8. AGE: 25 Years 2 Months 5 Days If less than one day hr. min.

9. Birthplace Oregon County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician helper

11. Industry or business American Car & Foundry

12. Name Frank Davis

13. Birthplace Oregon County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fronia Bolton

15. Birthplace Oregon County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dovie Boze

(b) Address 2623 So. Broadway

17. (a) Removal (b) Date thereof 6-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUN 10 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2623 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1947 hour 12:18 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Electrocutation; while making an adjustment on a machine at the American Car and Foundry Co. #14 St. George Street around 12:18 P.M. June 9th, 1947.

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) Accident
(b) Date of occurrence June 9th, 1947
(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Industrial Place

While at work? (Specify type of place) (e) Means of injury
23. Signature [Signature] (Date signed 6/9/47)
Address _____

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

MOTHER FATHER

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.