

FILED NOV 12 1948 818  
Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:  
4421 Aldine Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4421 Aldine Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otis Davis  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 29th  
year 1948 hour 2 minute 15 P.M.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lottie Davis 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased March 4 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 23<sup>rd</sup>, 1948, to Oct 29<sup>th</sup>, 1948,  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
75 7 25 hr. min.

Immediate cause of death Carcinoma Prostate & Bladder  
Due to \_\_\_\_\_  
Due to 51  
Duration Mar 23 / 1948

9. Birthplace Troy Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Janitor  
11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations As above  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER, FATHER { 12. Name Unknown  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Bailey  
15. Birthplace Unknown, Missouri (City, town, or county) (State or foreign country)

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) \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
23. Signature Harry H. Juyes, Jr. (M.D. or other) \_\_\_\_\_  
Address Roosevelt Hotel Bldg. Date signed \_\_\_\_\_

16. (a) Informant Lottie Davis  
(b) Address 4421 Aldine Avenue  
17. (a) Burial (b) Date thereof 11/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Avenue  
19. (a) OCT 30 1948 (b) J. B. Pasater  
(Date received local registrar) (Registrar's signature)

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

300  
47  
39  
3908

*msd*

**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.....

..... **Paul V. Freeman** ....., Registered Apprentice No. **276** .....,  
working under my personal supervision.

Signed..... *John K. Cunningham* .....

Licensed Embalmer No. .... **4476** .....

P. O. Address..... **4107 Finney Avenue** .....

**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.**