

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17190
3962

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1		d. STREET ADDRESS (If rural, give location) 2310 a Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2310 a Walnut			

3. NAME OF DECEASED (Type or Print) a. (First) Williams b. (Middle) c. (Last) Davenport			4. DATE OF DEATH (Month) (Day) (Year) 4-29-1949		
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5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH AUG. 15-1889		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months 8 Days 14		11. IF UNDER 1 YEAR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Brandon Miss. /				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Dora Davenport			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Davenport 2310 a Walnut			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tolear Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 108			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490 X			
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22. I hereby certify that I attended the deceased from 4-16, 1949 to 4-29, 1949, that I last saw the deceased alive on 4-29, 1949 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Le Roy Lables, M.D. (Degree or title)				23b. ADDRESS 1420 N. Taylor (13)				23c. DATE SIGNED 4-30-49			
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-5-49		24c. NAME OF CEMETERY OR CREMATORY Washington Park				24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
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DATE REC'D BY LOCAL REG. MAY 3 1949		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. Finney 3649			
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DECEASED'S NAME (Last, First, Middle) _____		SEX _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____	
OCCUPATION _____		CAUSE OF DEATH _____	
PLACE OF DEATH _____		MANNER OF DEATH _____	
NAME OF HUSBAND OR WIFE _____		NAME OF FATHER'S NAME _____	
ADDRESS _____		MEDICAL ATTENDANCE _____	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed: *James V. [Signature]*

Licensed Embalmer No. 2842

P. O. Address 3644 FLYNNY

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.

MISSOURI DEPARTMENT OF HEALTH - DIVISION OF HEALTH