

S. No. 300  
V. 10.48

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27961  
State File No. 7343  
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>000</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		<i>1 1/4</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3313 Delmar Blvd</i>				d. STREET ADDRESS (If rural, give location) <i>21 3313 Delmar Blvd</i>			
3. NAME OF DECEASED, (Type or Print) a. (First) <i>Henry</i>		b. (Middle)		c. (Last) <i>Davis</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>8-21-49</i>	
5. SEX <i>Male Negro</i>		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Dec. 25, 1869</i>	
9. AGE (In years last birthday) <i>79</i>		10. MONTHS <i>7</i>		11. DAYS <i>26</i>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Labourer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>City Streets</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Davis</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown Florence Davis</i>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>James Taylor, 3313 Delmar Blvd.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Inter. Myocardel.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6-8 hrs</i>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <i>St. Louis mo 93rd</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H299</i>			
22. I hereby certify that I attended the deceased from <i>Aug 1, 1949</i> to <i>Aug 15, 1949</i> , that I last saw the deceased alive on <i>Aug 15, 1949</i> , and that death occurred at <i>10:42 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Stacey Bernick</i>				23b. ADDRESS <i>4955 Delmar</i>		23c. DATE SIGNED <i>Aug 22 49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-25-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL REG. <i>AUG 23 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Fusater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Atkins Blvd 3644 Finney Ave</i>			

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

---

---

**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.

Student .....

Student Embalmer

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

**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.