MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28838

File No. 28838

Registered No. 8386

1. PLACE OF DEATH

County

Township

City St. Louis (No. Jewish Hosp St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Jack (Davis) Davis

(a) Residence. No. 4007a Forest Park St., 18 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-16-1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	6	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Julius Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

12. MAIDEN NAME OF MOTHER Anna Rosen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

INFORMANT J Davis ASB

(Address) 4007a Forest Park

FILED SEP 21 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1927, to Sept 20, 1927 that I last saw him alive on Sept 20, 1927, and that death occurred, on the date stated above, at 11 54 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Acute appendicitis
.21A Gangrenous with
.139 Perforation
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) (2) General Peritonitis
(duration) ? yrs. mos. ds.

1170

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 9/19/27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathological Report

(Signed) Paul Murphy, M. D

, 19 (Address) Jewish Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL CHESED SHEL EMETH

DATE OF BURIAL 9/21 1927

20. UNDERTAKER H B Berger

ADDRESS

...INFORMATION IS A PERMANENT RECORD

...information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.