

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. Transfer to Hosp. 11) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. **25285**  
 Registered No. **7086**

**2. FULL NAME**

Frank Davis  
 (a) Residence, No. 5821 Water St. 15 Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 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** Male | **4. COLOR OR RACE** Col | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widow  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Widow  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) 7/16/1872  
**7. AGE** YEARS 55 MONTHS 11 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Labor 2096  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer  
**9. BIRTHPLACE** (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)  
**10. NAME OF FATHER** Henry Davis  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Potosi Mo  
 (STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** unknown  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Potosi Mo  
 (STATE OR COUNTRY)

PARENTS

**14. INFORMANT** Campbell Davis  
 (Address) 5821 Water St  
**15.** FILED 11-7-1928 Max E. Standley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 7-4-28 19\_\_\_\_  
**17.** I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Shock & Injuries  
Crushed Heart  
Struck by R.R. Train  
 CONTRIBUTORY (SECONDARY)  
President  
**18. WHERE WAS DISEASE CONTRACTED** The Auto  
 IF NOT AT PLACE OF DEATH? Involved  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
7/7 (Signed) Frank Davis M.D.  
7/7 (Address) Dep Coroner  
 \*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** Catholic Cemetery DATE OF BURIAL 7/7/1928  
**20. UNDERTAKER** Elmer C. Pettis ADDRESS 3030 Bell Ave

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

