

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

Do not use this space.

13065

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Ma Baptist Hosp) Registered No. 3620
 St. Ward)

2. FULL NAME

Charles Henry Davies
 (a) Residence. No. Racine Mis St., 12 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
<u>51</u>	<u>9</u>	<u>9</u>	<u>12</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work President
 (b) General nature of industry, business, or establishment in which employed (or employer) Davies Shoe Manufacturing Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Edward J Davies

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

12. MAIDEN NAME OF MOTHER Christina Ferree

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

14. INFORMANT Esther Davies
 (Address) Racine Wisconsin

15. FILED 1928 May 21 1928
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 19 9

17. I HEREBY CERTIFY, That I attended deceased from 3/22 19 9, to 3/24 19 9, that I last saw h. alive on 3/24 19 9, and that death occurred, on the date stated above, at 9:25 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral thrombosis
P. S. S.
93C
82A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF... WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Findings
 (Signed) R. C. Andrews, M. D.

3/24, 19 9 (Address) Waukegan

*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 Racine Wisconsin DATE OF BURIAL 3/27 19 29

20. UNDERTAKER B. R. Lupton ADDRESS 4449 Olive St

K. 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.

WRITE PLAINLY, WITH OUTLINDING INITIALS

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PARENTS

Dr. Anderson

James H. Page

Call 10/10/10