

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

Do not use this space.

41987

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City St. Louis (No. 1321) Gregan Pl

File No. \_\_\_\_\_  
 Registered No. 370  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John P. Davis, Sr.  
 (a) Residence No. 1321 Gregan Pl St. \_\_\_\_\_ 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) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1849  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 6 15-16  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Carpenter  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER John P. Davis  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

14. INFORMANT Robert C. Davis  
 (Address) 1321 Gregan Pl

15. FILED 12/6 1929 Green Bay, Mo.  
 REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1929, to Dec 5, 1929, that I last saw him alive on Dec 5, 1929, and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar pneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.  
 CONTRIBUTORY mitral regurgitation (SECONDARY)  
 (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical  
 (Signed) Edna M. Stone, M. D.  
12/6, 1929 (Address) 333 University Club Bldg  
 \*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 New St. Marcus DATE OF BURIAL Dec 7 1929

20. UNDERTAKER Winkmaster Mtd Co ADDRESS 4234

WHITE PLAINLY, WITH UNFADING INK--THIS IS AN 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.

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