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

Do not use this space.

3994

File No.

Registered No. 1243

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1005

City St. Louis (No. Mo. Baptist Hospital St. Ward)

2. FULL NAME BENJAMEN ELI DAVIS

(a) Residence. No. 1337 Fairview St., 12 Ward. St. Louis County
(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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman 131 Service Dept. 1322 1323
(b) General nature of industry, business, or establishment in which employed (or employer) Hobarts Machine Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Woodburn
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Andrew Davis

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

12. MAIDEN NAME OF MOTHER Lydia Lloyd

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

14. INFORMANT Genevieve Davis
(Address) 1337 Fairview

15. FILED JAN 31 1931 19 Max Ostrovitz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1931, to Jan 30 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 3.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilitation of heart

Chronic Interstitial Nephritis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia - Oedema of lungs. (duration) Sudden mos. ds.

18. WHERE WAS DISEASE CONTRACTED w known
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) H. J. Hibbs M. D.
1/31, 1931 (Address) 5321 Easton Ave.

*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	DATE OF BURIAL
Oak Grove Cemetery	2/2/31 19
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	4175 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.