

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

Do not use this space.

28017

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 2324 Lafayette) St. Ward)

File No.
 Registered No. 7901

2. FULL NAME Albert Chapman Davis
 (a) Residence, No. 2324 Lafayette St. 23 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 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 Carolina A. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office
10. Date deceased last worked at this occupation (month and year) July 1932 **11. Total time (years) spent in this occupation** 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

MOTHER **13. NAME** Geo. J. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Cornelia Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Caroline A. Davis
 (ADDRESS) 2324 Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mo. Crematory DATE 9/1/32

19. UNDERTAKER A. H. M. Laughlin
 (ADDRESS) 1631 Missouri Ave

20. FILED 406 30 1932 May C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24 1932 to Aug 29 1932
 last saw him alive on Aug 29 1932 Death is said to have occurred on the date stated above, 12 P m.

The principal cause of death and related causes of importance were as follows:

Acute Aneurism 1923
 Other contributory causes of importance: 76 1

Name of operation..... Date of.....
 What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) William Braron, M. D.
 (Address) 212 Prince St

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.

