

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

Do not use this space.

7287

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City, St. Louis (No. 4042, Chautauque Ave) St. Ward)

File No.
Registered No. 1230
St. Ward)

2. FULL NAME George (David) Davis

(a) Residence, No. 4042 Chautauque St., 18 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14, 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Printer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pressman</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
FATHER	13. NAME <u>Isaac (David) Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Miriam Kate</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Bessie Davis</u> (ADDRESS) <u>4042 Chautauque Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>2-6</u> <u>33</u> <u>19</u>		
19. UNDERTAKER <u>Thygesen Mortuaries</u> (ADDRESS) <u>410 14 Manchester Ave</u>		
20. FILED <u>FEB - 3 1934</u> <u>Max C. Starkloff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to FEB 2, 1933

I last saw h. him alive on FEB. 2, 1933. Death is said to have occurred on the date stated above, at 2:30 P. m.

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

82A Apoplexy
47

Date of onset 1933

Other contributory causes of importance:

Arterio sclerosis

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Orrick E. Smith, M. D.

(Address) 4115 W. Pine

WRITE PLAINLY, WITH UNFADING INK---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.

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