

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.

Dr. J. W. Walker
Dr. J. H. Morgan

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

Do not use this space.

11228

1. PLACE OF DEATH

County..... Registration District No. **79L**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2310**, **Walnut** St.)

File No.....
Registered No. **2281**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **2310 Walnut** St., **22** 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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1879**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 54 — —

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laborer**
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) **Louisville, Ky.**

13. NAME **George Davis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Miss Ruth Dealy**
(ADDRESS) **2131 Grandview St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **3/11/33**

19. UNDERTAKER **W. C. Gordon & Co.**
(ADDRESS) **1119 Moreland St**

20. FILED **MAR - 8 1933**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1st 1933**

22. I HEREBY CERTIFY, That I attended deceased from **2/28**, 19**33**, to **3/1**, 19**33**
I last saw him alive on **3/1**, 19**33**. Death is said to have occurred on the date stated above, at **5 a.m.**

The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
930 930 930
Cordiac & Bronchial Asthma

Other contributory causes of importance:
Cordiac & Bronchial Asthma

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) **H. D. Decker**, M. D.
(Address) **809 E. Jefferson Ave**

Date of onset
According to history 6-2-32

31
2
31
31

Registrar

