

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

Do not use this space.

18524

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 1138 Blendon Pl.)

File No. ....  
Registered No. 4788  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1138 Blendon Pl. St. 4 Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodstock Co.  
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) Texas.

13. NAME Derrick 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 Charlotte Davis (ADDRESS) 1138 Blendon Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mo DATE 4/4/23 19.

19. UNDERTAKER Teeth Bros. (ADDRESS) 301 S. Lafayette Ave

20. FILED JUN -1 1923 J. A. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No physician in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30/23 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
930 930  
Date of onset

Other contributory causes of importance:  
8

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

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?  
If so, specify.....  
(Signed) J. P. Sweeney M. D.  
(Address) Deputy Coroner  
6/1/23

WRITE PLAINLY, WITH FADING 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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