

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **St. Louis City Hospital #2**)

File No. **14926**
Registered No. **4123**
St. Ward

2. FULL NAME

(a) Residence, No. **4161 E. Franklin Street** Ward **11**
(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 Caucasian	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1911		
7. AGE YEARS abt. 33	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad	
	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) Immense		
FATHER	13. NAME Emerull Davis	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Immense	
MOTHER	15. MAIDEN NAME Evelyn Evans	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Immense	
17. INFORMANT (ADDRESS) John W. Davis 4161 E. Franklin St. St. Louis, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK GATE APRIL 24 1934		
19. UNDERTAKER (ADDRESS) Madison Funeral Home 4202 Franklin Ave. St. Louis, Mo.		
20. FILED J. B. Bedeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 18, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9:14 a.m.**

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

Shock & Injuries (Crushed Head) sustained when he fell from an auto truck he was driving in St. Louis, Mo.

Other contributory causes of importance: **Accident**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **4/18, 1934**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Fell from auto truck he was driving**

Nature of injury **Crushed Head**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) **Harold D. DeWitt**
(Address) **St. Louis, Mo.**

Date: **4/21/34**

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.

WHILE FILLING IN, WITH EMPHASIS, THIS IS A PERMANENT RECORD

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