N. B.—Every item of information must be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 4 1936

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

Do not use this space.

39223

File No. 10256

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City ST. LOUIS MO. (No. CITY HOSPITAL St. Ward)

2. FULL NAME EMMET DAVIS.

(a) Residence, No. 820 S. 4th St. 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: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ KATIE DAVIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 29-1887

7. AGE: Years 49 | Months 1 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINEST

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) KENTUCKY

FATHER

13. NAME John DAVIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER

15. MAIDEN NAME FLORENCE SMITH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT KATIE DAVIS
(ADDRESS) 820 S. 4th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATL. JEFFERSON BARRACKS DATE Oct. 12, 1936

19. UNDERTAKER E. J. Schmur
(ADDRESS) 3125 Lafayette Av.

20. FILED Oct 12 1936 J. B. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Oct 9, 1936.

I last saw h. alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at 8 A m.

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

	Date of onset
Bulbar paralysis	2 hrs
Uremia	

Other contributory causes of importance:

Hypertension	Aug 10
Chr. Nephritis	Aug 10, 1936

Name of operation none Date of

What test confirmed diagnosis Physical Ex. 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?

If so, specify

(Signed) Henry P. Hyne M. D.

(Address) 514 Metropolitan Bldg