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.

DEC 3 1936

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

Do not use this space.

43174

791

1008

1. PLACE OF DEATH

County ~~St. Louis~~ Registration District No. 1008 File No.

Township Primary Registration District No. Registered No. 11753

City St. Louis (No. St. Anthony Hospital St. Ward)

2. FULL NAME George Warren Davis,

(a) Residence, No. 5001 Oleatha St., Ward. (If nonresident, give city or town and State)
(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.

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 Adele L. Davis,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 9, 1903.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
33	9	17	

OCCUPATION

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

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

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) Mo.

FATHER

13. NAME Geo. Davis

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Adele Davis 5001 Oleatha

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter &Paul DATE 11/30/36, 19

19. UNDERTAKER (ADDRESS) Louis H Bopp Mo. Kirkwood

20. FILED NOV 27 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 26, 1936

I last saw him alive on Nov 25/1936, 19 Death is said to have occurred on the date stated above, at 6 P m.

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

Lymphosarcoma of prostate & vesicles

Date of onset

510

Other contributory causes of importance:

Uremia from Back pressure

Name of operation Suprapubic Drainage Date of Nov 2

What test confirmed diagnosis? Clinical 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) Neil S. Moore, M. D.

(Address) 729 Frisco Bldg