JAN 20 1937

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

Do not use this space.

46208

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 11992

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

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

2. FULL NAME Joseph Davis/

(a) Residence, No. 4781 Cupples Place, St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Malee	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1882.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	8	5	

OCCUPATION

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.

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) St. Louis, Mo.

FATHER

13. NAME Isaac Davis.

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

MOTHER

15. MAIDEN NAME Cecelia Unknown

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

17. INFORMANT (ADDRESS) Mrs. Ann Davis. 4781 Cupples Place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Dec. 7, 1936

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt. Co 3840 Lindell Blvd.

20. FILED DEC 7 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 — 1936, to Dec. 5 — 1936, I last saw him alive on Dec 4 — 1936. Death is said to have occurred on the date stated above, at 2 A m.

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

Carcinoma of Larynx. — H. A. — Date of onset 1935?

Other contributory causes of importance: Extensions into mediastinum and neck.

Name of operation Laryngectomy — Date of 11-3-36

What test confirmed diagnosis? Micros. 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? No

If so, specify .....

(Signed) Charles F. Sherwin, M. D.

(Address) 3720 Washington, St. Louis.

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.

[illegible]
3720 [illegible]
[illegible]