

1937  
MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. 791  
1003  
City Hospital No. 2

File No. 8049  
Registered No. 1475  
St. .... Ward)

2. FULL NAME

Will Davis

(a) Residence, No. 325a So. Garrison St., 18 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 4 12

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laborer

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

13. NAME Jorden Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Miss.

15. MAIDEN NAME Fannie Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Miss.

17. INFORMANT (ADDRESS) Ruby P. ... 2945 Lawton Ave.

18. BURIAL CREMATION OR REMOVAL PLACE Washington Park DATE Feb. 2, 1937

19. UNDERTAKER (ADDRESS) Charles G. Bates 4107 Finney Avenue

20. FILED J. B. Biedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1937, to Jan. 28, 1937

I last saw him alive on Jan. 28, 1937 Death is said to have occurred on the date stated above, at 5:45 p. m.

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

Arterio-Sclerotic Heart Disease Date of onset 1-28-37

Other contributory causes of importance:

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. Owe Blache, M. D.

(Address) 2945 Lawton

FEB 2 - 1937

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.

WHITE CARBON WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X314

1790

*Handwritten initials*

*Handwritten signature*

