

JUN 12 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**  
Primary Registration District No. **1003**

**City Hospital No. 2**

File No. 18102  
Registered No. 4678 St. .... Ward)

2. FULL NAME Julian P. Davis

(a) Residence, No. 4157r Lexington St., 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937, to May 2, 1937

I last saw him alive on May 2, 1937 Death is said to have occurred on the date stated above, at 10:45 m. a. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1872

Date of onset 4-9-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
50 1 21

Gangrene of feet

due to arterial sclerosis

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

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

Other contributory causes of importance:

None

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

13. NAME Tom Davis

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

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

15. MAIDEN NAME Carrie Thornton

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.

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

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

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD DATE MAY 6 1937

19. UNDERTAKER A. L. BEALUND CO (ADDRESS) 2726 1/2 E. 64th St.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Owen Blache, M. D.

20. FILED MAY 7 1937 Registrar J. Bredeck

(Address) 2945 Lawton

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.

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