

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

Do not use this space.

JUN 29 1937

21389

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. Matthew Mo 7)

Registration District No. 1123
Primary Registration District No. 6248 F

File No. _____
Registered No. 238
St. _____ Ward _____

2. FULL NAME

Paul Davis
(a) Residence, No. 827 Hickory St. St. St. Louis 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 1912</u>		
7. AGE <u>25</u>	YEARS —	MONTHS —
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truckman</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:
Fracture of the skull

Date of onset
5/24/37

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Richard Davis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Mary Davis</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>Tan Davis</u> (ADDRESS) <u>4266 Sea View</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cof. Girardman</u> DATE <u>June 5/37</u>	
19. UNDERTAKER <u>Fendler Road Co</u> (ADDRESS) <u>744 S. Maryland Ave</u>	
20. FILED <u>June 4, 1937</u> <u>H. Mowrey</u> Registrar	

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 5/21/37
Where did injury occur? S.K.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury gun shot wounds of head
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John O. Coruelli M.D.
(Address) Rivers Station, 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.

