

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

35939  
 Do not use this space.

1. PLACE OF DEATH 2012 Carr Street 791 9  
1003 1

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. ....

(c) City St. Louis, Mo. (d) Street No. EN ROUTE HOMER G. PHILLIPS HOSPITAL St. Registered No. 9516  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME John Davis

(a) Residence, No. 2012 Carr St. 21 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	51	3	0	

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Greenburg Ala.  
 (STATE OR COUNTRY)

FATHER 13. NAME Jeff Davis

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ala.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Liza Johnson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Ala.  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Miss Davis  
2312 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Picksons DATE 10/12/37 19.

19. FUNERAL DIRECTOR E. L. Garner  
 (ADDRESS) 2829 Washington

20. FILED BY F. Brebeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:40 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Vegetative Endocarditis;  
Diffuse Arterio Sclerosis;  
Chronic Parenchymatous Nephritis.

Other contributory causes of importance: 121

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 See Above  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Alfred J. Perry, M.D.  
 (Signed) R. P. Corbett  
 (Address) .....

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.

OCCUPATION 2432

FATHER 2222

MOTHER

OCT 12 1937

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arthur L. Hilliard

Licensed Embalmer No. 3389

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**