

REC'D MAR 14 1938

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

4533
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St Louis (d) Street No. Firmin Desloge Hospital St.
(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

Leslie Davis (Leslie Davis) 120
(a) Residence, No. 3439a Juniata St St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Faye Davis				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1903				
7. AGE	YEARS 34	MONTHS 8	DAYS 23	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Draftsman			
	9. Industry or business in which work was done, as saw mill, bank, etc. Steel Industry			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN)..... Princeton (STATE OR COUNTRY) Ind				
FATHER	13. NAME Marvel Davis			
	14. BIRTHPLACE (CITY OR TOWN)..... Princeton (STATE OR COUNTRY) Ind			
MOTHER	15. MAIDEN NAME Louisa Stark			
	16. BIRTHPLACE (CITY OR TOWN)..... Rolla Mo (STATE OR COUNTRY)			
17. INFORMANT <u>Luna Rathert</u> (ADDRESS) <u>2324 South Ninth St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia Cem</u> DATE <u>Feb 1 1938</u>				
19. FUNERAL DIRECTOR <u>Beiderwieden Funeral Home</u> (ADDRESS) <u>1936 St Louis Ave</u>				
20. FILED <u>1 1938</u> <u>G. Bredeck</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 30 1938**

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1937, to 1/30, 1938.
I last saw him alive on 1/30, 1938. Death is said to have occurred on the date stated above, at 2:25 P.M.
The principal cause of death and related causes of importance were as follows:

Mediastinal Abscess
Gangrenous ulceration & osteomyelitis of cheek, maxilla, & bones of upper jaw
Osteomyelitis non-tubercular

Date of onset

Other contributory causes of importance:
Cellulitis of neck

Name of operation Removal of glands Date of 6/25/37
What test confirmed diagnosis? Yes 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? 1
If so, specify _____
(Signed) A. C. Taylor (FORSTER, M.D.)
(Address) 1225 S Grand Ave

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.

STATEMENT BY LICENSED EMBALMER

I, G. M. Katz, Licensed Embalmer No. 3737

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed G. M. Katz

Licensed Embalmer No. 3737

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.)