

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

4556  
 Do not use this space.

REC'D MAR 14 1938

**1. PLACE OF DEATH**

(a) County St. Louis Mo Registration District No. 791  
 (b) Township St. Louis Mo Primary Registration District No. 1003  
 (c) City St. Louis Mo (d) Street No. City Hospital #1 Registered No. 1201  
 (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**

(a) Residence, No. Dave Davidson 130 St. MI Detroit Mich.  
 (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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — 1908.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
abt. 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto worker  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (year) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Michigan

FATHER 13. NAME William Davidson

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) William Davidson Jr. 2281 W. GRAND DETROIT.

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit, Mich DATE 2-3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros. 4259 Lindell Blvd.

20. FILED FEB 1 1938 J. T. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... P.M. Death is said to have occurred on the date stated above, at 10:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Laceration of Brain.  
Gross Hemorrhage (Traumatic),  
suffered from bullet wound in head self inflicted on a vacant lot at 4620 S. Broadway, on January 12.

Other contributory causes of importance: 1938, at about 7:30 A.M.

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? Suicide Date of injury, 1/12/1938  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In Public Place  
 Manner of injury See Above  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Alfred G. Perry  
 (Signed) Alfred G. Perry M.D.  
 (Address) Detroit, Mich.

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, Wm Rogers, Licensed Embalmer No. 3905  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Wm Rogers  
Licensed Embalmer No. 3905

**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.)**