

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

#3857

1003

13281

Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City..... St. Louis

(e) Length of residence in city or town where death occurred

Registration District No. 1

Primary Registration District No. 1

(d) Street No. Homer G. Phillips Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da. yrs. mos. da.

Registered No. 3885

2. PRINT FULL NAME

Cleveland Davidson Jr. 132

(a) Residence, No. 25 S. Channing Ave. st. 18

(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

F

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

3-27-38

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

1

18 hrs. or 35 min.

OCCUPATION

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

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 (years) spent in this occupation

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

St. Louis, Mo.

FATHER

13. NAME

Cleveland Davidson

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

Unknown

MOTHER

15. MAIDEN NAME

Arlilion Gaston

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

Miss.

17. INFORMANT (ADDRESS)

2601 N Whittier st.

18. BURIAL, CREMATION, OR REMOVAL

CITY CEMETERY

DATE APR 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Ara Hamilton City Health Dept

20. FILED

APR 27 1938

J. D. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-38 19 38

22. I HEREBY CERTIFY, That I attended deceased from 3-27-1938, to 3-28-1938

I last saw him alive on 3-28-1938 Death is said to have occurred on the date stated above, at 8:15 p. m.

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

Atelectasis

full term

Date of onset

Other contributory causes of importance:

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

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

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?.....

If so, specify.....

(Signed) J. D. Bredich, M. D.

(Address) 2601 N Whittier st.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision,

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.