

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.

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15815
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
 (b) Township Clayton Primary Registration District No. 101 Registered No. 796
 (c) City Clayton (d) Street No. St. Louis County 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

Arthur Davis 120
 (a) Residence, No. 214 Bates Street St. St. Louis, Missouri
 (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) November 30, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Leacock Sptg. Gds. Co.
 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 Missouri

FATHER 13. NAME Edwin C. Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Rose Tessaro
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Rose Davis - Kother
 (ADDRESS) 214 Bates, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. PETER + Paul DATE May 5

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Hwy., St. Louis, Mo.

20. FILED 5-3 J. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

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 11:50PM

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

Automobile accident.
Struck while riding a bicycle
by auto
of a public highway. 5/1/38

Other contributory causes of importance:
Fracture of the skull 5/1/38
Rupture of the liver

Name of operation bone Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 5/1/38

Where did injury occur? Clayton, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
 Nature of injury Struck by auto
Fractured skull

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

(Signed) John O. Sullivan M. D.
 Coroner of St. Louis County

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)