

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

23269
Do not use this space.

1. PLACE OF DEATH **AUG 12 1938** | **791**
 (a) County | Registration District No.
 (b) Township | Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Jewish Hosp** 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 **Charles Gilbert Davis** | **120**
 (a) Residence, No. **920 Eastgate Ave.** St. **NR** **U. City, 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 Dorothy Davis				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1888				
7. AGE	YEARS 50	MONTHS 2	DAYS 10	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman			
	9. Industry or business in which work was done, as saw mill, bank, etc. Jewelry			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) London 4 (STATE OR COUNTRY) England				
FATHER	13. NAME Isaac Davis 4			
	14. BIRTHPLACE (CITY OR TOWN) London 4 (STATE OR COUNTRY) England			
MOTHER	15. MAIDEN NAME Winnie Syavitz			
	16. BIRTHPLACE (CITY OR TOWN) London 4 (STATE OR COUNTRY) England			
17. INFORMANT Mrs. Dorothy Davis (ADDRESS) 920 Eastgate				
18. BURIAL, CREMATION, OR REMOVAL Placed in Shel Emeth DATE 7/3 38				
19. FUNERAL DIRECTOR H. B. Berger (ADDRESS) 4715 McPHERSON				
20. FILED JUL 3 1938 J. D. Breda Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	7/1, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-8-38 , 19, to 7-1-38 , 19, I last saw h.l.m. alive on 7-1-38 , 19. Death is said to have occurred on the date stated above, at 2:15 m. The principal cause of death and related causes of importance were as follows:	
Hypertensive Cardiovascular Disease Cardiac Decompensation	
Date of onset	11-15-27
Other contributory causes of importance: No	
Name of operation	SEK & etc Date of
What test confirmed diagnosis lung character as there an autopsy? No	
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? No If so, specify	
(Signed) David Rothman I. M. D.	(Address) Jewish Hosp

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

50M-7-20-37 I X12004

