

REC'D SEP 14 1938

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

26876  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County..... 3 Registration District No..... 791  
(b) Township..... 1 Primary Registration District No..... 1003  
(c) City..... (d) Street No. En route City Hosp. #2 Registered No. 6890  
(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

- (a) Residence, No. 151 Louis Davensport  
1232 N. Ninth St. 25  
(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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Addie Davensport

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

- AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 53 yrs

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana 9

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Addie Davensport
- 
- (ADDRESS) 1232 N. Ninth St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D.C. DATE Aug 3, 1938

19. FUNERAL DIRECTOR (NAME) Ernest T. G. G.
- 
- (ADDRESS) 3421 B. Elmwood Blvd.

20. FILED AUG 3 1938 J. P. Budick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

No attending physician  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th 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 6.02 PM

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

Aortic Stenosis with Cardiac Hypertrophy; Chronic Emphysema.

Non-Tuberculous

Date of onset

Other contributory causes of importance:

92A

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

What test confirmed diagnosis?..... Was there an autopsy?  YES23. 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..... see above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Joseph M. G. G.

(Address) Poplar Grove

**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, Raymond E. Gerke, or by \_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Raymond E. Gerke  
City License #99 Licensed Embalmer No. 3985 Mo  
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.**