

NOV 16 1938

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

34093

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 St. Louis M. o. (d) Street No. 4247 Hunt Ave. St. **9079**
(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 Everett L. Davis

(a) Residence, No. 4247 Hunt 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 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 May Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. R. R. Brakeman
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) 1936
11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME Newton Davis

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

MOTHER 15. MAIDEN NAME Mary Coleman

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

17. INFORMANT May Davis
(ADDRESS) 4247 Hunt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Davisville Mo. DATE Oct. 20, 1938

19. FUNERAL DIRECTOR (NAME) Alexander and Sons
(ADDRESS) 6175 Del mar Blvd.

20. FILED Oct 18 1938 J. F. Bredeck
19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1938 to Oct 18, 1938
I last saw him alive on Oct 15, 1938 Death is said to have occurred on the date stated above, at 4:19^a m.
The principal cause of death and related causes of importance were as follows:

duration stage bowel
HU
Other contributory causes of importance: Paralytic bowel.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) W. C. ... M. D.
(Address) 4559 Badet

11.30 A.M.
Franklin 3427

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, _____

J.W.M. Benkley

or by _____

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

Signed _____

J.W.M. Benkley

Licensed Embalmer No. _____

3653

P. O. Address _____

St. Louis, Mo

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.