REG'D NOV 16 1938

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

791

34221
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 1003
Primary Registration District No.
Registered No. 9207
(d) Street No. City Hospital No. 1 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.
D. 10668

2. PRINT FULL NAME 120 John Davis
(a) Residence, No. 1124 Madison St. 26
(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 NANNIE DAVIS.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1869
7. AGE YEARS 69 MONTHS 5 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABOR.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME ? UNKNOWN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? MISSOURI.

MOTHER
15. MAIDEN NAME Laura (UNKNOWN)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT VIOLETTA DAVIS. (ADDRESS) 1124 MADISON

18. BURIAL, CREMATION, OR REMOVAL
PLACE NOBLE ARK. DATE 10-26-38, 19

19. FUNERAL DIRECTOR (NAME) MULLEN BROS (ADDRESS) 4259 LINDELL BLVD.

20. FILED 19 J. F. Bredeck Local Registrar.
OCT 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/19/38, 19 10/22/38, 19
I last saw him alive on 10/22/38, 19 Death is said to have occurred on the date stated above, at 1.45 pm
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
G B C

Other contributory causes of importance:
anit Intersuchung
Paralytic Ileus

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) D. C. Weir, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.