Ser. Walthal

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

DEC 12 1938

37412
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9739

(c) City St. Louis, Mo. (d) Street No. 924 Elliott 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 124 John Davis.

(a) Residence, No. 924 Elliott St. St. 2
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Davis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1886.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	10. Mo.	6. Dys.	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi.

FATHER

13. NAME Bob Davis.

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

MOTHER

15. MAIDEN NAME Sarah Nichols.

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

17. INFORMANT Ada Davis.
(ADDRESS) 924. Elliott, St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE 11-13-38, 19

19. FUNERAL DIRECTOR (NAME) E. L. GARNER
(ADDRESS) 2829 Washington Blvd.

20. FILED NOV 10 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to Nov. 8, 1938

I last saw him alive on 11-8, 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

	Date of onset
Acute Myo-Carditis, caused by Bronchitis	
Other contributory causes of importance: Bronchitis, chr. 932	

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

What test confirmed diagnosis? Clinical Symptoms 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? No

If so, specify .....

(Signed) C. E. Walthall M. D.

(Address) 1001 N. Jefferson Ave

(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 Arthur L. Heilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.