

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1003

4335

Do not use this space.

Registered No. 1028

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. City Infirmary 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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

¹²⁷ John Davis,
 (a) Residence, No. 5800 Arsenal St. St. 13
 (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) Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Driscoll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation
 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) N. Carolina.

FATHER 13. NAME Sam Davis,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina.

MOTHER 15. MAIDEN NAME Sarah Dew.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina.

17. INFORMANT (ADDRESS) E. Molony.
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL Washington DATE 1-25-39

19. FUNERAL DIRECTOR (ADDRESS) W. Richter 3800 Ruby

20. FILED 19 J. B. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1939

22. I HEREBY CERTIFY That I attended deceased from September 29, 1938 to January 18, 1939
 I last saw him alive on January 18, 1939 Death is said to have occurred on the date stated above, at 7:30 m. A.M.

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

Chronic Myocarditis

Other contributory causes of importance:

Name of operation None Date of.....
 What test confirmed diagnosis? Heart - P.E. Was 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) George M. Pike, M. D.(Address) 5600 Arsenal St.

FEB 1 1939

(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, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____

Licensed Embalmer No. _____

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.)