

REC'D MAR 13 1939

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

4414
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008
(b) Township St. Louis Primary Registration District No. _____ Registered No. 1107
(c) City St. Louis (d) Street No. 3641 Cook Ave 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

(a) Residence, No. 3641 Cook Ave St. 11 (If nonresident, give city or town and State)
ARMSTRONG
Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1888

7. AGE YEARS 50 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.

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. Laborer
10. Date deceased last worked at this occupation (month and year) Laborer 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friendship Tenn.

13. NAME Ruben Davis

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

15. MAIDEN NAME Annie McCurn

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

17. INFORMANT (ADDRESS) James Davis 3643 Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods DATE Feb. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Bruce 1007 N. Harrison

20. FEB 3 1939 J. D. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February-1-1939

22. I HEREBY CERTIFY, That I attended deceased from January-25-1939 to February-1st-1939
I last saw him alive on February-1st-1939. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

Acute capillary Bronchitis - its (None) Tubercular Date of onset Jan. 25th 1939
1076

Other contributory causes of importance: Exposure to cold alone

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 None
(Signed) O. W. Johnson, M. D.
(Address) 1076 N. Vandeventer

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.

Corrected by applicant may 16, 1939 L. Ward.

See affidavit # 180 in misc file - 1939

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,

William C. McDowell

, or by

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

Signed

William C. McDowell

Licensed Embalmer No.

2114

P.O. Address

3506 Franklin

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.