

RECEIVED APR 12 1939

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

8666
Do not use this space.

2431

1. PLACE OF DEATH

(a) County St Louis mo Registration District No. 1
 (b) Township St Louis mo Primary Registration District No. 1 Registered No. 2431
 (c) City St Louis mo (d) Street No. Missouri Baptist Hospital St. 19
 (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 Edward Harper Davis

(a) Residence, No. 4330 Washington St. 19 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hottie Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-18-1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Barber</u>	
	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) <u>Seneca mo</u>		
FATHER	13. NAME <u>Ira S. Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>INDIANA</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Glenn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moselle Missouri</u>	
17. INFORMANT <u>Hattie Davis</u> (ADDRESS) <u>4330 Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Clair Mo</u> DATE <u>3-16-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Carey & Co</u> <u>St Clair Mo</u>		
20. FILE <u>MAR 14 1939</u> <u>J. D. Brubaker</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939 to Mar 14 1939
 I last saw him alive on Mar 14 1939 Death is said to have occurred on the date stated above, at 8:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Septicaemia
Pleural effusion
pericarditis
117a
 Other contributory causes of importance:
Rupture of ribcage of posterior wall ossopharynx above stomach into mediastinum.
 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? no
 If so, specify _____
 (Signed) L. H. Kilkey, M. D.
 (Address) 3121 N Grand

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.

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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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas

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.