

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.

MAY 15 1939
 MAY 22 1939

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

16220
 Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Arondelet Primary Registration District No. 100 Registered No. 889
 (c) City Jefferson Barracks (d) Street No. Veterans Hospital St.
 (e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank L. DAVAT

(a) Residence, No. 519 Lawrence St. St. Benton, Illinois.
 (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 Mrs. Ruth Davat
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	45	4	10	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
 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) Lifford,
 (STATE OR COUNTRY) Indiana

FATHER 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) C. L. ... Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton, Ill DATE 5/17 1939

19. FUNERAL DIRECTOR (NAME) Joe E. Mitchell
 (ADDRESS) Benton, Ill.

20. FILED MAY 15 1939 DR. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939, to May 14, 1939
 I last saw him alive on May 14, 1939. Death is said to have occurred on the date stated above, at 11:05 PM
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12 hrs.
82a!
 Other contributory causes of importance:
Peptic ulcer, intra abdominal adhesions with partial obstruction 10 yrs.

Name of operation Laparotomy Date of 5-9-39
 by clinical manif. and lab. What test confirmed diagnosis? NO 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?
 If so, specify Chief Med. Officer, M. D.
 (Signed) C. H. HUGHES (Address) VAF Jefferson Bks., Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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