

ESTD JUL 12 1939

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

20923
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** 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 **24** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alex. Davis**

(a) Residence, No. **2804 Delmar** St. **21** (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
49 4 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
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) **Missouri** (STATE OR COUNTRY)

FATHER 13. NAME **Will Davis**

14. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N/Whittier**

18. BURIAL, CREMATION OR REMOVAL PLACE **Washington** DATE **July 31**

19. FUNERAL DIRECTOR (NAME) **J. B. Brudick** (ADDRESS) **2601 N/Whittier**

20. FILED **JUN 29 1939** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30, 1939** 19

22. I HEREBY CERTIFY, That I attended deceased from **April 12, 1939**, 19 to **May 30, 1939**, 19

I last saw him alive on **May 30, 1939**, 19. Death is said to have occurred on the date stated above, at **11:20** m. **a.m.**
The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease Date of onset **4/12/39**

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? **clinical** 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 **H. J. Lyman**, M. D.
(Signed) **J. B. Brudick** (Address) **2601 N/Whittier**

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.

WHITE CORRECT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X16405

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 comply with the above constitutes grounds for revocation of license.)

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