

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23702

State File No. _____
Registrar's No. 5075

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis mo.
(b) City or town St. Louis mo.
(c) Name of hospital or institution: 3146 a Pine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME 12004a DANIS
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Orchard Davis 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Oct 31 1886
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Newbern Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation COOK

11. Industry or business @ church

12. Name George Gage

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Francis Douglas

15. Birthplace Newbern Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabell Gage

(b) Address 3146 a Pine St

17. (a) Burial (b) Date thereof 7-7-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) III 6 1939 (b) J. B. Beck
(Date received local registrar) (Registrar's certificate)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3146 a Pine St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1939 Hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from June 26 - 1939, to July 31 - 1939
that I last saw her alive on July 31 - 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis chronic nephritis and Hemiplegia left side cerebral thrombosis Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations ✓
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? _____ (Specify type of place)
(a) Means of injury none

23. Signature E. S. Johnson (M. D. or other) _____
Address 3100 E. Lucas, Mo. Date signed _____

8E-2519

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.....

Louis V. Atkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed:

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finn*

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.