

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS
SEP 14 1939

STANDARD CERTIFICATE OF DEATH

State File No. 28045

791

Registrar's No. 7545

Registration District No. 1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3206 Lawton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3206 Lawton
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Foetus Davis 20

3. (b) If veteran, name war _____

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1939 hour 2 minutes 55 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race Col

6. (a) Single, widowed, married, divorced nil

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7/26/39
(Month) (Day) (Year)

Immediate cause of death Placental Rupture
spontaneous abortion

Due to Shock

Due to Cause Unknown

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

8. AGE: Years _____ Months 5mo Days gestation If less than one day _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation nil

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

MOTHER FATHER

11. Industry or business _____

12. Name Wendell Davis

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Campbell

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

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? _____

16. (a) Informant's own signature Wendell Davis

(b) Address 3206 Lawton

17. (a) _____ (b) Date thereof Aug 2 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. ...

(b) Address 2800 Ridge

19. (a) AUG 21 1939 (b) _____
(Date, give local reference) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph M. ... (M. D. or other)

Address Deputy Coroner

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.