

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

BUREAU OF THE CENSUS  
 DEC 13 1939

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

791 State File No. 37569  
 Registrar's No. 9408

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County 2  
 (b) City or town St. Louis  
 (c) Name of hospital or institution:  
2713a Stoddard St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 10 yr.  
 years, months or days)

3. (a) PRINT FULL NAME Francis Davis  
 8. (b) If veteran, name war nil 8. (c) Social Security No. nil  
 4. Sex female 5. Color or race col. 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Howard Davis 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased Dec. 26, 1893  
 (Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Whitfield Tenn. (City, town, or county) (State or foreign country)  
 10. Usual occupation Laundress  
 11. Industry or business Domestic  
 12. Name John Horskell  
 13. Birthplace Knoxville Tenn. (City, town, or county) (State or foreign country)  
 14. Maiden name Essie Swarford  
 15. Birthplace Whitfield Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Howard Davis  
 (b) Address 2713a Stoddard St.  
 17. (a) Removal (b) Date thereof 11/2/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Colp. Ill.  
 18. (a) Signature of funeral director R. M. C. Guey  
 (b) Address 3517 Laclede Ave  
 19. (a) NOV 2 1939 (b) J. F. Budick  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County 1  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2713a Stoddard St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1  
 year 1939 hour 11 minute 10p. M.  
 21. I hereby certify that I attended the deceased from Nov 10  
 \_\_\_\_\_, 1939, to Nov 1, 1939;  
 that I last saw him alive on Nov 1, 1939;  
 and that death occurred on the date and hour stated above

Immediate cause of death Acute Myocarditis Duration \_\_\_\_\_  
 Due to Rheumatism & Rhebelis  
 Due to 59  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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 \_\_\_\_\_  
 23. Signature C. J. Puckett (M. D. or other) \_\_\_\_\_  
 Address 3529 Franklin Date signed 11/2/39

**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.....

*P. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 So. 4th St.*

**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.**