

Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **9638**

## 1. PLACE OF DEATH:

(a) County 3  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: Stone Nursing Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 months  
 In this community Unknown  
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME John Coalter Davis 1208. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive          years7. Birth date of deceased June 23, 1872  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
67 4 18 hr. min.9. Birthplace Clarksville Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Nursery man11. Industry or business Stark Nursery12. Name Dr. James Davis13. Birthplace Louisiana, Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Julia Coalter  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dr. W. J. Davis(b) Address 4150a W. Florissant Ave17. (a) Shipped (b) Date thereof 11-12-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Louisiana, Mo.18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) NOV 12 1939  
(Date received local registrar)(b) J. F. Budek  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Louisiana, Mo.  
 (If rural, give location) N.R.  
 (e) If foreign born, how long in U. S. A.          years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th  
year 1939 hour 1:15PM minute          M.21. I hereby certify that I attended the deceased from Jan 1939 to Nov 11 1939  
that I last saw him alive on Nov 11 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Neoplasmic Duration 10 MoDue to AluminumDue to Exposure on account of outside workOther conditions           
(Include pregnancy within 3 months of death)Major findings:          OF OPERATIONS          PHYSICIAN         Of autopsy          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) (e) Means of injury         23. Signature J. F. Budek (M. D. or other)           
Address 4901 W. Woodbury Date signed 11/13/39

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**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 William G. Buchholz,

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

**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.**