

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

OCT 13 1939

791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH38261  
State File No. \_\_\_\_\_  
Registrar's No. 10100

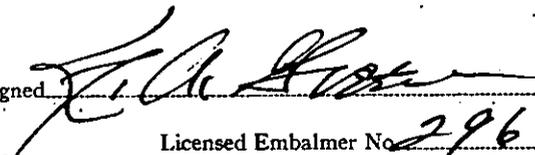
Registration District No. _____		Primary Registration District No. _____	
1. PLACE OF DEATH: <u>St Louis</u>		2. USUAL RESIDENCE OF DECEASED:	
(a) County _____		(a) State <u>Missouri</u> (b) County <u>St Louis</u>	
(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)		(c) City or town <u>St Louis</u> 18 (If outside city or town limits, write "RURAL")	
(c) Name of hospital or institution: <u>Homer S. Phillips</u> (If not in hospital or institution, write street number or location)		(d) Street No. <u>318 Montrose</u> (If rural, give location)	
(d) Length of stay: In hospital or institution <u>About 2 Wk.</u> (Specify whether _____)		(e) If foreign born, how long in U. S. A.? _____ years.	
In this community <u>Twenty Five years</u> years, months or days			
3. (a) PRINT FULL NAME <u>W. M. DAVIS</u> 120			
8. (b) If veteran, name war _____		8. (c) Social Security No. _____	
4. Sex <u>Male</u>	5. Color <u>Col</u> race _____	6. (a) Single, widowed, married divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Verona Davis</u>		6. (c) Age of husband or wife if alive <u>50</u> years	
7. Birth date of deceased: <u>MAN</u> (Month) (Day) (Year)		12 1878	
8. AGE: Years <u>61</u>	Months <u>8</u>	Days <u>9</u>	If less than one day hr. _____ min. _____
9. Birthplace: <u>Selma, Ala</u> (City, town or county) (State or foreign country)			
10. Usual occupation: <u>Labor</u> 1			
11. Industry or business _____ 9			
12. Name: <u>Unknown</u> 9			
13. Birthplace: <u>Unknown</u> 9 (City, town or county) (State or foreign country)			
14. Maiden name: <u>Mrs</u> 9			
15. Birthplace: <u>Unknown</u> 9 (City, town or county) (State or foreign country)			
16. (a) Informant's own signature: <u>Verona Davis</u>			
(b) Address: <u>607 E N Beaumont</u>			
17. (a) _____ (b) Date thereof: <u>Nov 27/39</u> (Burial, cremation, or removal) (Month) (Day) (Year)			
(c) Place: burial or cremation: <u>Washington Park Ce</u>			
18. (a) Signature of funeral director: <u>F. W. Arlen</u>			
(b) Address: <u>2915 Franklin Ave.</u>			
19. (a) <u>NOV 27 1939</u> (b) <u>J. B. Baedek</u> (Date received at local registrar) (Signature of registrar)			
20. DATE OF DEATH: Month <u>Nov</u> day <u>21</u> year <u>1939</u> hour <u>8:45</u> minute <u>12</u> P. M.			
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.			
Immediate cause of death <u>Chronic Aortitis; Cor Bovis; Chronic Pericarditis.</u>			
Due to <u>Non specific</u>			
Due to _____			
Other conditions (Include pregnancy within 3 months of death)			
Major findings: Of operations: <u>63 15</u>			
Of autopsy: _____			
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: <u>Joseph M. Dumas</u> (M. D. or other) _____			
Address: <u>Deputy Coroner</u> Date signed _____			

**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. 2963

P. O. Address 2913 Franklin

**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.**