

S. No. 2
-11-10-19
5-17-19
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **16758**
Registrar's No. **4236**

JUN 15 1940 791
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 2349 Spruce
years, months or days) 35 yrs

3. (a) PRINT FULL NAME ARTHUR DAVIS **120**

3. (b) If veteran, Peace time name war. _____ 3. (c) Social Security No. -

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept 15th 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 24 hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Caleb Davis
18. Birthplace unknown Ga
(City, town, or county) (State or foreign country)

{ 14. Maiden name Neicy unknown
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Leola Thomas
(b) Address 2349 Spruce Street

17. (a) Burial (b) Date thereof 5/13/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Bkrs

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) MAY 13 1940 (b) J. B. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis **22**
(If outside city or town limits, write "RURAL")
(d) Street No. 2349 Spruce ADAMS SPRUCE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from May 3, 19 40 to May 9, 19 40
that I last saw him alive on May 9, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess caused by staphylococcus albus
Duration 4 mos

Due to _____
Due to _____

Other conditions 1146
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Lung Abscess

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) (e) Means of injury _____

23. Signature H. J. Hyman (M. D. or other) _____
Address 2601 W Whittier 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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 2698

P.O. Address 2769 Chouteau

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.