

Registration District No. **75** Primary Registration District No. **1003**

Registrar's No. **4880**

FILED JUL 17 1940

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

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:
4415 Norfolk
(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 Missouri (b) County _____
(c) City or town St. Louis **18**
(If outside city or town limits, write "RURAL")
(d) Street No. 4415 Norfolk
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1940 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from July 10 - 1939 to May 29 - 1940
that I last saw him alive on May 29 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
apoplexy
Due to High Blood Pressure
Due to arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John William Davis **17A**
3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 67⁷ years
7. Birth date of deceased Jan. 17 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 14 hr. _____ min.

9. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Frisco R.R.

12. Name James Davis

18. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Logan

16. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence I. Davis
(b) Address 6539 Mardel Ave.

17. (a) Removal (b) Date thereof 6-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MSA (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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 W. S. Simpson (M. D. or other) MSD
Address 4559 Cadet Date signed 6-1-40

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 Ray W. Wilkinson

Licensed Embalmer No. 3575

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.