

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6719

1. PLACE OF DEATH:

(a) County St. Louis MO  
 (b) City or town St. Louis MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days

3. (a) PRINT FULL NAME Emmet Davis Also known as

3. (b) If veteran, EMMET DAVIS name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Will Davis 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 7 31-1882  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pine Bluff Ark.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Taylor

11. Industry or business \_\_\_\_\_

12. Name Alfred Holloway

13. Birthplace Atlanta Georgia  
 (City, town, or county) (State or foreign country)

14. Maiden name Glen West  
 15. Birthplace Atlanta Georgia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William West

(b) Address 2954 Woodlawn

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St

19. (a) AUG 8 1940 (b) J. J. Bredeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
 (c) City or town St. Louis 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2954 Woodlawn  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31  
 year 1940 hour 4:20 minute 15 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 \_\_\_\_\_  
 Due to Cerebral Apoplexy  
 Due to GA  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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)  
 (Means of injury) \_\_\_\_\_  
 23. Signature Joseph M. Sullivan (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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.

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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.....

Licensed Embalmer No.....

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.**