No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33175

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1783

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town In City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7445 Stratford Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,

(c) City or town University City, (If outside city or town limits write "RURAL")

(d) Street No. 7445 Stratford, Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Edwin Gardner Davis.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife Mary Sanger Davis. 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June, (Month) 9, (Day) 1857. (Year)

8. AGE: Years 83. Months 3. Days 9. If less than one day ____ hr. ____ min.

9. Birthplace Preston, (City, town, or county) Conn. (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Salesman Southern Surety Co.

FATHER
12. Name Charles C. Davis.
13. Birthplace (City, town, or county) Conn. (State or foreign country)

MOTHER
14. Maiden name Harriett F. Barnes.
15. Birthplace (City, town, or county) Conn. (State or foreign country)

16. (a) Informant Dr Myron W. Davis.
(b) Address 7445 Stratford, Ave.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 9/21/40. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd.

19. (a) SEP 21 1940 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1940 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 2, 1939, to Sept 18, 1940 that I last saw him alive on Sept 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	17 mo
Due to	
Due to 94 h	
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.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD
Address 3720 Washington Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Sim F. Beam.
3720 Washington.
JE. 2733.
1-4 P.M. = Friday

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 Don K Muschany, Registered Apprentice No. 219, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.