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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33866

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8563

PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME William Davenport

3. (b) If veteran, name was No. 3. (c) Social Security No. 488-18-8826

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

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 8, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 7 hr. min.

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

10. Usual occupation Painter & Decorator

11. Industry or business Lytle Decorating Co.

12. Name Charles Davenport

13. Birthplace LEXINGTON KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name ANNA CROSWAITE

15. Birthplace FULTON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Davenport

(b) Address 1423 Deer St.

17. (a) Burial (b) Date thereof 10 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE

18. (a) Signature of funeral director Kullen & Kelly

(b) Address 1416 N. Taylor Ave.

19. (a) OCT 16 1940 (b) J. B. Brubaker
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1423 Deer St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15,
year 1940 hour 1:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 3, 1940 to October 15, 1940,
that I last saw him alive on October 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic Prostate

Due to Uremia

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No

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 J. McDonald (M. D. or other) 10/15/40
Address 1515 Lafayette Avenue Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Clement McNeary

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.