

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.

DEPARTMENT OF ~~COMMERCE~~  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1951

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 10/11/40.  
(Specify whether  
In this community unknown.  
years, months or days)

8. (a) PRINT FULL NAME John C. Davis

8. (b) If veteran, name war World War

8. (c) Social Security No. None

4. Sex Male 5. Color or race White

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 March 13, 1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 0 If less than one day hr. - min. -

9. Birthplace Jackson Co., Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -

12. Name Murray Davis

13. Birthplace Jackson County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Isom

15. Birthplace Jackson County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. C. LeVogge

(b) Address Actg. Clinical Clerk, VAF, Jeff. Bk.

17. (a) Removal (b) Date thereof 10/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava, Illinois.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 15 1940 (b) R. M. Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town Route #2, Ava, Illinois.  
(If outside city or town limits, write "RURAL")  
(d) Street No. -  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th  
year 1940 hour 9:40 minute - P. A. M.

21. I hereby certify that I attended the deceased from October 11, 1940 to October 13th 1940  
that I last saw him alive on October 13th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia, splenic,  
with recent severe hemorrhages in  
gastro-intestinal track. Duration Unkn.

Due to -

Due to -

Other conditions None.  
(Include pregnancy within 3 months of death)

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

Of autopsy No 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) no

(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? Yes (Specify type of place) (Specify type of injury)

23. Signature C. W. HUGHES, M.D., (M. D. or other) \_\_\_\_\_

Address Chief Medical Officer Date signed 10/14/40

**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.....

Licensed Embalmer No. 1861

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.**