

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

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K231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 25 1941 791
Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No. _____

5642

State File No. _____

Registrar's No. 1890

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

3. (a) PRINT FULL NAME George Davis

3. (b) If veteran, name war none 3. (c) Social Security No. 489-03-013

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Davis 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 26 1882
(Month) (Day) (Year)

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

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

10. Usual occupation _____
11. Industry or business Shoework

MOTHER FATHER { 12. Name Unknown Davis
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Davis
(b) Address 2115 Gasconade

17. (a) Burial (b) Date thereof 3/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) FEB 23 1941 (b) J. W. Brudeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 0 15
(d) Street No. 2115 Gasconade St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th,
year 1941 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1/25/41
_____, 19____, to 2/26/41, 19____;
that I last saw him alive on 2/26/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cecum
1/10
Other conditions Pulmonary Emphysema
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

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 0
23. Signature Wm H. Elliott (M. D. or other) _____
Address 1515 Lafayette Date signed 2/26/41

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.....

Jose B. Rollmer

Licensed Embalmer No. *41014*

P. O. Address.....

3125 Lafayette Ave

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.