

No. 2
-1-4-41
5-17-39
PI X25390

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12789**
3219
Registrar's No. _____

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **CO**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2614a No. 11th. St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Homer Lawrence Davis Jr.**

3. (b) If veteran, name war **No.** 3. (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 **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 9 1925**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 7 1 hr. min.

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

10. Usual occupation **Student**

11. Industry or business _____

12. Name **Homer Davis Sr.**

13. Birthplace **Winona Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Woodson**

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

16. (a) Informant **Homer Davis Sr.**

(b) Address **2614a No. 11th. St.**

17. (a) **Burial** (b) Date thereof **4/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

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

(b) Address **4700 Washington Ave.**

19. (a) **APR 14 1941** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10th**
year **1941** hour **2:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage** Duration
from gunshot wound of Heart and liver
at the hands of Patrolman Benton
Frazer in the pursuance of his
duty in the rear of 2918 N. Taylor
Ave., about 2:40 o'clock P.M.,
April 10, 1941.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations **168**
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) **Justifiable Hom.**
(b) Date of occurrence **April 10, 1941**
(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
10

(Specify type of place) _____
While at work _____ Means of injury _____
23. Signature **Alfred [Signature]** (M. D. or other) _____
Address _____ Date signed **4/14/41**

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

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 *J. Am. Binkley*
Licensed Embalmer No. *3653*
P. O. Address *H. Laws, 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, fact should be so stated above.