

No. 2
-1-4-41
5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19826
4638
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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:
Jewish 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

3. (a) PRINT FULL NAME John W. Davis Jr.
3. (b) If veteran, name war _____
3. (c) Social Security No. 497-03-7032

4. Sex Male ()
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy T. Davis
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Oct 24 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Asst. Mgr.

11. Industry or business St. Louis Arena

12. Name John W. Davis Sr.

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

14. Maiden name Helen Spear

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

16. (a) Informant Mrs. Dorothy P. Davis

(b) Address 326 E. Argonne Dr.

17. (a) Buried (b) Date thereof 6-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H. Bopp, Jr.

(b) Address Kirkwood, Mo.

19. (a) JUN 8 - 1941 (b) A. P. Brueck
(Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 326 E. Argonne Dr
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour _____ minute 2A M.
21. I hereby certify that I attended the deceased from March 7-91
_____ 19 _____ to Death 19 _____

that I last saw him alive on June 2 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess. Rt temporal lobe
Due to _____

Due to abscess at base of skull
gullowing enough to rupture
Other conditions third molar tooth
(Include pregnancy within 3 months of death)

Major findings: 1150
Of operations _____
Of autopsy Same as above

Duration _____
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? _____

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

23. Signature Arthur Alden (M. D. Ills)
Address New City Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 19 1948

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 John M Meyer
Licensed Embalmer No. 3285
P. O. Address Birkwood, Ill

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.