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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22676

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1272

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robt Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 496 das (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ill

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1919 Arsenal 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME DAVIS, William

3. (b) If veteran, name war 7 no.

3. (c) Social Security No. 488-07-0266 yes

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Irene Davis

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 29 (Day) 1889 (Year)

8. AGE: Years 51 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

FATHER
12. Name William Davis
13. Birthplace Columbia (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Sadie Sherman
15. Birthplace Columbia (City, town, or county) Ill (State or foreign country)

16. (a) Informant Koch Hosp. Records

(b) Address Koch Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cyard

18. (a) Signature of funeral director Witt Bros & Co

(b) Address 2929 S. Jefferson Av

19. (a) JUN 19 1941 (Date received local registrar) (b) T R Meyer M D Jr R (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-24 1940 to 6-17 1941 that I last saw him alive on 6-17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis — Duration 3 yrs

Due to BM

Due to

Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary tuberculosis Generalized Arteriosclerosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William Stanbro (M. D. or other)

Address Robert Koch Hosp Date signed 6-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shank

Licensed Embalmer No. 3477

P. O. Address 9979 S. Jefferson

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.