

No. 2  
-1-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23149

FILED AUG 28 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5501

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 25 days  
In this community 40 yrs. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3124 Magazine  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sam Davis

3. (b) If veteran, No, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Male 2 5. Color or race col

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

6. (b) Name of husband or wife Nannie Davis,

6. (c) Age of husband or wife if alive 75, years

7. Birth date of deceased. March 10th, 1876.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 3 21 hr. \_\_\_\_\_ min.

9. Birthplace Jackson, Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Junk Collector.

11. Industry or business Junk-Dealer

12. Name Samuel Davis,

13. Birthplace Miss. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know, 9

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

16. (a) Informant Nannie Davis

(b) Address 3124 Magazine,

17. (a) burial (b) Date thereof 7/7/41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery.

18. (a) Signature of funeral director A. C. Hows

(b) Address 2312 Thomas St.

19. (a) JUL 3 1941 (b) J. W. Beedick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1941 hour 9:50 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from June 6 1941 to July 1 1941  
that I last saw him alive on July 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, Duration 4 das

Due to Carcinoma of Bladder, Abt 2 yrs  
Urinary

Due to \_\_\_\_\_

Other conditions 52 lb  
(include pregnancy within 3 months of death)

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

Of autopsy 51 lb

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 \_\_\_\_\_

23. Signature H. F. Litcher (M. D. or other) 0

Address 2601 N. Whittier Date signed 7/7/41

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

MOTHER FATHER

**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.

*Myself*

Signed \_\_\_\_\_

Licensed Embalmer No. *2268*

P. O. Address *28th Thomas St*

**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.**