

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1781

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Creve Coeur  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fee Fee Rd. No. of Olive St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25  
year 1941 hour 9:55 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 8-20-41 19 to 8-25-41 19  
that I last saw him alive on 8-25-41 19  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Altehrasia of lung  
cerebral embolism  
Due to Peritonitis  
Due to acute suppurative appendicitis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Perforated appendix  
Of operations \_\_\_\_\_  
Of autopsy: Altehrasia of Lung  
Peritonitis

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 Paul B. Vatterott (M. D. or other) \_\_\_\_\_  
Address St. Louis Co. Hosp. Date signed 8-29-41

3. (a) PRINT FULL NAME

Joe Sam Davis

3. (b) If veteran, name war

3. (c) Social Security No.

\_\_\_\_\_ No. \_\_\_\_\_

4. Sex

Male

5. Color or race

Col.

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

single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

January 12, 1927

(Month)

(Day)

(Year)

8. AGE:

Years 14

Months 7

Days 13

If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Hayward Co., Tenn.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Laborer, field hand

11. Industry or business

MOTHER FATHER { 12. Name Sam Davis

13. Birthplace Rosside, Miss.

(City, town, or county)

(State or foreign country)

14. Maiden name Susie May

15. Birthplace Tenn.

(City, town, or county)

(State or foreign country)

16. (a) Informant Susie Davis

(b) Address Creve Coeur Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8 29 41

(Month) (Day) (Year)

(c) Place: burial or cremation Music Cem.

18. (a) Signature of funeral director J. P. Lewis

(b) Address Webster St. St. Louis

19. (a) AUG 29 1941

(Date received local registrar)

(b) E. J. M. Gauran

(Registrar's signature)

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

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**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 \_\_\_\_\_

Licensed Embalmer No. 2027

P. O. Address Webster Groves

**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.**