

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County. St. Louis mo.

(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:
1014 N. Compton Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 25 (Specify whether years, months or days) Yes.

In this community. 25 (Specify whether years, months or days) Yes.

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000

(c) City or town. St. Louis 129
(If outside city or town limits, write "RURAL")

(d) Street No. 1014 N. Compton Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMMIE DAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex. Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. April 28-1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th year 1941 hour _____ minute 7:15 PM

21. I hereby certify that I attended the deceased from Oct. 12th 1941 to Oct. 24th 1941; that I last saw him alive on October 24th 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Armstrong Davis

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

14. Maiden name Annella Swift

15. Birthplace 1 Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Lewis
(b) Address 3644 Cook Ave

17. (a) Burial (b) Date thereof 10-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director. Edkins Burdick
(b) Address 3644 F. Jones Ave

19. (a) OCT 28 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pneumonia Lobar Duration 12 days

Due to Pneumococci

Due to _____

Other conditions None 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? _____ (c) Means of injury 0

23. Signature Edkins Burdick (M. D. or other) _____
Address 104 Back N. Grand Street Date signed 10-27-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Ferry

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.