

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

203

State File No.

FILED FEB 24 1942

350

Registrar's No.

Registration District No. 791

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township) City Sanitarium D  
(c) Name of hospital or institution  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 mos. 13 days.  
40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26  
(c) City or town St. Louis  
(d) Street No. 3212 North Wharf D  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JAMES DAVIS

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 2 5. Color or race col. 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Josie Davis 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct. - 1900 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 40 yrs. hr. min.

9. Birthplace Kirkwood Missouri D (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant R. Bessantaf (b) Address City Sanitarium

17. (a) Cremation (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation CITY SANITARIUM

18. (a) Signature of funeral director W. Ryan (b) Address City Sanitarium

19. (a) JAN 12 1942 (b) G. J. Bredeek (c) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 9-29-41 19 to 1-10-42 19; that I last saw him alive on 1-10-42 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Luetic encephalitis 1-8-42 Paresis 9-29-41x Broncho Pneumonia

Due to: Due to: Other conditions (include pregnancy within 3 months of death) Major findings: Of operations: Of autopsy: Yes.

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 place of place) (Specify means of injury)  
23. Signature: M. J. ... (Date signed) Address: ...

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

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179

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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.....

P. O. Address.....

**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.**