

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital Jefferson Bks.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None (Specify whether
In this community Visitor
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 2
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willis E. Davenport

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. 15 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 16 If less than one day hr. _____ min.

9. Birthplace Springfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business General Contractor

MOTHER FATHER { 12. Name Unknown to Informant
13. Birthplace Sangman County Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown to Informant
15. Birthplace Sangman County Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Byron Davenport
(b) Address Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 1400 Washington Ave.

19. (a) FEB 2 1942 (Date received local registrar) (b) C. G. McQuinn M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1942 hour 2 minute 5 P.M.

21. I hereby certify that I attended the deceased from Unattended by
signer of certificate to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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 D
23. Signature W.K. Cooper, Capt., Med. C. (M. D. or other)
Address Station Hosp., Jefferson Barracks, Mo. Date signed 2-1-42

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

96
00

FEB 16 1942

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.....

J. Wm. Binley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis, Mo

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.