. S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4242 1783

Registration District No. FILED MAR 17 1942 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2923 Easton ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000

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

(d) Street No. 2923 Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cassie Davis

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Col,

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

6. (b) Name of husband or wife Widow

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

7. Birth date of deceased Jan, (Month) 15th (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	10	hr. min.

9. Birthplace Cadizy (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Allie Russell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Griffin
(b) Address 2923 Easton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem,

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 stoddard st.

19. (a) FEB 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25th year 1942 hour 4 a. minute M.

21. I hereby certify that I attended the deceased from 2.17.42, 19 to 2.25.42, 19 ; that I last saw he alive on 2.23.42, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 week
Due to Hypertensive Heart Disease	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. B. Harris (M. D. or other)

Address 2820 a Easton ave Date signed 2.25.42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boy

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 2946

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.