DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19490

Registration District No. 1791 — Primary Registration District No. 1003 — Registrar's No. 5926

**1. PLACE OF DEATH:**

(a) County

(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: St Marys Infirmary
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis

(c) City or town Kirkwood N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 307 W Rose Hill Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Charles Davis

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Sallie Davis

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 12 (Month) 25 (Day) 1891 (Year)

8. AGE: Years 50 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Girard (City, town, or county) Ala. (State or foreign country)

10. Usual occupation RR Switchman

11. Industry or business Scullin Steel Co.

MOTHER FATHER
12. Name Robert Davis
13. Birthplace Girard (City, town, or county) Ala. (State or foreign country)
14. Maiden name Ella Watson
15. Birthplace Girard (City, town, or county) Ala. (State or foreign country)

16. (a) Informant's own signature Mrs Sallie Davis
(b) Address 307 W. Rose Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 13 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Geo. Bruce
(b) Address 1203 N Garrison

19. (a) JUL 13 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 10th year 1942 hour 2:45 minute A. M.

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

Immediate cause of death Internal hemorrhage fromalaceration of left lung; Fracture of ribs; Fracture Femur

Due to (left); when a chain slipped off of a flask which was being hoisted by

Due to a crane operated by one Lee Snyden, striking the deceased at

Other conditions Scullin Steel Co. about 2:45 A.M. July 10, 1942
(Include pregnancy within 3 months of death)

Duration

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) Accident

(b) Date of occurrence July 10, 1942 000

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place)

While at work? (e) Means of injury ?

23. Signature Thomas F Callaran (M. D. or other)

Address Deputy Coroner Date signed 7/14/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 Form 1 X19511

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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~~ me

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

working under my personal supervision.

Signed Clark Manning

Licensed Embalmer No. 3371

P. O. Address St Louis

**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, above space should be left blank.**