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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1453

96
32
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

In this community 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 6347 Wellsmar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Davis

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lola Burke Davis

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct. 31 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>3</u>	hr. min.

9. Birthplace Grand Rapids Mich. 1
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business

MOTHER FATHER

12. Name John Davis

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

14. Maiden name Laura Hess

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

16. (a) Informant Mrs. L. S. Davis

(b) Address 6347 Wellsmar

17. (a) burial (b) Date thereof July 6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem for W. Clark

18. (a) Signature of funeral director J. J. McElroy

(b) Address 1125 Dodgeman Ave

19. (a) JUL 6 - 1942 (b) J. J. McElroy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from 6-15-42 to 7-3-42

that I last saw him alive on 7-3-42 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease & decompensation

Duration years?

Due to 17201

Due to

Other conditions P.O. Stomach old tissue months
(Include pregnancy within 3 months of death)

Major findings: PT. myocardial

Of operations hernia, NO gut injury

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. J. McElroy (M. D. or other)
Address St. Louis County Hosp Date signed 7-6-42

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. *3225*

P.O. Address *1125 Hobanant*

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.