

U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2

FILED JUL 6 1942
184

Registration District No. 184

Primary Registration District No. 101

Registrar's No. 1388

96
2
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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: 37 Brentmoor Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

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

3. (a) PRINT FULL NAME Kenneth M. Davis, Sr.

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Virginia Christy

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 11, 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months - Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Realtor

12. Name Charles R. H. Davis

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Alma Massey

15. Birthplace Wasken (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth M. Davis, Jr.

(b) Address 37 Brentmoor Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUN 29 1942 (Date of registration) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 37 Brentmoor Park
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from..... 19..... 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 Gun-shot wound of head, self-inflicted.

Due to Concussion of brain and hemorrhage of brain.

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide.

(b) Date of occurrence June 26, 1942

(c) Where did injury occur? #37 Brentwood Park
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home
While at work?..... (Specify type of place)

23. Signature [Signature] (e) (Name of physician)
Address Kirkwood, Mo. (City or town) (County) (State)
Date signed 6/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 18 1943

MAY 19 1943

Be sworn apprentice
of the State of Missouri
to be sworn apprentice
of the State of Missouri

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. 1994
P. O. Address..... Saint 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, fact should be so stated above.