

FILED AUG 20 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25779
State File No. _____
Registrar's No. 8715

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton 2 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 539 North & South Road
(If rural, give location)

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

3. (a) PRINT FULL NAME Neal Corlett Davis

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 Fay Phipps Davis.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 4th 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>---</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Instructor

11. Industry or business Roosevelt High School

12. Name Charles S. Davis.

13. Birthplace Ophir Nevada
(City, town, & county) (State or foreign country)

14. Maiden name Mary S. Corlett.

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

16. (a) Informant Mrs. Fay P. Davis.

(b) Address 539 North & South Road

17. (a) removal (b) Date thereof 8-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Missouri

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd

19. (a) Aug 10 1942 (b) J. F. Bredeck
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1942 hour 11 minute 45 a. M.

21. I hereby certify that I attended the deceased from July 25, 1942, to August 8, 1942
that I last saw him alive on August 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 1 wk

Due to Post op. Excision Ca of Sigmoid

Due to Ca of Sigmoid & metastasis 3 yrs

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

Major findings Ca Sigmoid & metastasis
Of operations to live, splen.
Of autopsy Peritonitis; Metastatic Ca of Sigmoid

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 _____

23. Signature J. F. Bredeck (M. D. or other) _____

Address BARNES HOSPITAL Date signed 8/12/42

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Clarence A. Murray*
Licensed Embalmer No. *4011*
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.