V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31298

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1852

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Fee Fee Rd. Creve Coeur, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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:** 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Creve Coeur 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sam Davis

3. (b) If veteran, name war

3. (c) Social Security No. [illegible]

4. Sex Male 2

5. Color or race Black

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

6. (b) Name of husband or wife Suie

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. (Month) 2 (Day) 1889 (Year)

8. AGE: Years 52 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Stanton (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Farm laborer.

11. Industry or business Mr. White.

FATHER
12. Name Jim Davis
13. Birthplace Stanton (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Ada (unknown)
15. Birthplace Stanton (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Marybell Steinback
(b) Address Clayton, Rt. 2, Box 411

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stanton Tenn.

18. (a) Signature of funeral director J.C. Lewis
(b) Address Webster Groves, Mo.

19. (a) SEP - 5 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 1
year 1942 hour 8 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 Natural causes.

Due to Lobar Pneumonia.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 Louis H Bopp (M.D. or other)
Address Kirkwood, Mo. 9/3/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.**