

FILED OCT 21 1942

1003

Registration District No.

Primary Registration District No.

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 48 years  
years, months or days)

3. (a) PRINT FULL NAME Will Davis

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Camie Davis 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan 4 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 3 If less than one day  
.....hr. ....min.

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

10. Usual occupation Labor

11. Industry or business.....

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Camie Davis

(b) Address 4056a Page ave

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

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director J. F. Credeck

(b) Address 2915 Franklin ave

19. (a) OCT 10 1942 (b) J. F. Credeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL") 9 11  
(d) Street No. 4056a Page Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7,  
year 1942 hour..... minute 15 P. M.

21. I hereby certify that I attended the deceased from September  
25, 1942 to October 7, 1942

that I last saw him alive on October 7, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Decompensation

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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. E. Smith (M. D. or other).....

Address 2601 Whittier Date signed 10/9/42

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

MOTHER FATHER

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. 2963  
P. O. Address 8915 Franklin Ave

**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.**