

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED APR 23 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3507

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 0 RR
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 132 East 5th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME FARLEY EUGENE DAVIS
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1943 hour 5 minute 17 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 1 - 9 - 43
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 1943 to April 10 1943
that I last saw him alive on April 10 1943
and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day
3 1 — hr. — min.

Immediate cause of death BRONCHITIS, Acy
Duration 10/6

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

Due to 10/6
Due to 10/6
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Child
11. Industry or business —
12. Name Farley Davis
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Delaine Stone
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations —
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Paula Manuele
(b) Address 500 S. Kingshighway
17. (a) Removed (b) Date thereof 4-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Removed to live with mother, Alton, Ill
18. (a) Signature of funeral director Robert H. Shaffer
(b) Address 2521 Edward St Alton, Ill
19. (a) APR 14 1943 (b) J. J. Bressack
(Date received local registration) (Registrar's signature)

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 W. Plattner (M. D. or other) —
Address 500 S. Kingshighway Date signed —

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

3509

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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 Robert H. Streifer.....

Licensed Embalmer No. 2474.....

P. O. Address Alton, Ill......

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.