

16002

S. No. 2  
DM-2-43  
5-17-39  
I X3567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5055**

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

**1003**

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:  
**Enroute to St. Louis City 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 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME **Mathew Davis**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **267-05-0805**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **November 25 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	6	6	hr. _____ min. _____
----	---	---	----------------------

9. Birthplace **Garnett Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business **Sleeping cars of Show**

MOTHER FATHER

12. Name **Edward Davis**

13. Birthplace **Fayette Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Herrn**

15. Birthplace **Fayette Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward O. Davis**

(b) Address **Rubin-Cherry Shows enroute Removal**

17. (a) **Removal** (b) Date thereof **6/1/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.,**

19. (a) **JUN 1 1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Unknown** (b) County \_\_\_\_\_

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**  
year **1943** hour **8** minute **45** **A.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 **Anaerobem**

Due to **Chronic Myocarditis**

Due to \_\_\_\_\_

Other conditions **GI**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 **Thomas F. Collins** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **6/1-43**

JUN 17 1961

**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 Albert W. Harper

Licensed Embalmer No. 1861

P. O. Address .....

**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.**