. No. 2
—5-42
5-17-39
X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 11 1943 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26573

Primary Registration District No. 1003

Registrar's No. [illegible]

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: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yrs 6 Mo 26days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.(No other Home)
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Wesley Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife —

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

7. Birth date of deceased — (Month) — (Day) 1863 (Year)

8. AGE: Years 80 Months — Days — If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Henry Davis
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant M . Geasland

(b) Address 5800 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W Richter

(b) Address 5000 Ridge

19. (a) (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17. year 1943 hour 8:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 6/28, 1943 to Aug 17, 1943 that I last saw him alive on Aug 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration: 2 years, several years

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Dr. Wm Kornitz (M. D. or other) M.D.

Address City Infirmary Date signed 8/17/43

(Licensed Embalmer's Statement on Reverse Side)

E222

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.....

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.