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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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29347
Registrar's No. 7901

FILED SEP 17 1943

Registration District No. 818 Primary Registration District No. 1003

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12 9 25
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 414a Market Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Davis
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. None
4. Sex male
5. Color or race white
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 May (Month) 17 (Day) 1869 (Year)
8. AGE: Years 74 Months 3 Days 5 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Maine (State or foreign country)
10. Usual occupation Porter
11. Industry or business
MOTHER FATHER
12. Name Unknown Davis
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Catherine Ducan
15. Birthplace Scotland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Fred Vincent-Friend
(b) Address 414a Market Street.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9- 4-1943 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) SEP 3 1943 (Date received by local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1943 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from August 10, 1943, to August 22, 1943 that I last saw him alive on August 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach
Due to
Due to
Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Russell W. Blanchard M.D. (M.D., or other)
Address 1515 Lafayette Avenue Date signed 8/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7814 So Broadway

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.