. S. No. 2
M—9-4-41
5-17-39
1 X29434

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

F 32496

State File No. 0

FILED SEP 25 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2093

96
13
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2320-So-Wise Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 13

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

(d) Street No. 2320-So-Wise Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Thompson Davis

3. (b) If veteran, name war None

3. (c) Social Security No. 492-07-9[illegible]

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr (Month) 23 (Day) 1872 (Year)

8. AGE: Years 71 Months 4 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Bench-hand

11. Industry or business Huttig-Sash-Door Co.

FATHER
12. Name Enzley Davis
13. Birthplace Chester (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Adeline Erhart
15. Birthplace Chester (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mary Thomas Davis

(b) Address 2320-So-Wise Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504 Woodson Rd Overland Mo.

19. (a) SEP 20 1943 (Date received by registrar) (b) C. G. McGowan M.D. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from Sept. 15, 1943, to Sept. 15, 1943 that I last saw him alive on Sept. 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occulsion	1 day
Due to: Chronic Myocarditis	
Due to:	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

93d

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) No —

(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 Roy A. Walther (M. D. ~~or other~~)

Address 2438 Woodson Rd Date signed 9/17/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.