

FILED DEC 27 1943

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 2849

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME James Burris Davis
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed
6. (b) Name of husband or wife Eula Gordon Davis 6. (c) Age of husband or wife if alive dec 1 years
7. Birth date of deceased December 1 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation R. R. Auditor Mo. Pac. R.R.

11. Industry or business retired

MOTHER FATHER { 12. Name Jacob V. Davis
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kelly
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nelle L. Kron
(b) Address 8920 Mayfield Ct., Jemings

17. (a) Buried (b) Date thereof Dec-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. Kron & Co.

(b) Address 2707 N. Grand Bl'vd

19. (a) DEC 21 1943 (b) E. G. McEwen, M.D.
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Bredell ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1943 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from one month 19____ to _____ 19____;
that I last saw him alive on Dec. 19, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carsinoma of the Prostate
Duration Unknown

Due to infirmities of age.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 91-1=
Of autopsy _____

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 Dr. Theo. F. Rief (M.D. or other) DO
Address 7465 Hazel, Maplewood, Date signed 12/23

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

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 V. E. Morris

Licensed Embalmer No. 3360

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.