

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

228

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **682**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2735 Gambler 3
(If not in hospital or institution, write street number or location)
(d) Er. Route City Hwy # 2
(Specify whether in this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St. Louis 421
(If outside city or town limits, write "RURAL")
(d) Street No. 2735 Gambler
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS DAVIS

3. (b) If veteran, name war NO 3. (c) Social Security No. 710

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased: 11 (Month) 13 (Day) 1866 (Year)

8. AGE: Years 77 Months 2 Days 5 If less than one day hr. — min. —

9. Birthplace NASHVILLE (City, town, or county) Tenn (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER } 12. Name James Davis

13. Birthplace Mound Bayou Miss (City, town, or county) (State or foreign country)

14. Maiden name Jessie Jackson

15. Birthplace Jackson Tenn (City, town, or county) (State or foreign country)

16. (a) Informant James Davis

(b) Address 2735 Gambler

17. (a) Burial (b) Date thereof 1 24 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK Dale

18. (a) Signature of funeral director Chas. C. Howard

(b) Address 344 1/2 Gambler

19. (a) JAN 24 1944 (Date received local registrar) (b) J. J. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16 year 44 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from, 19..... to, 19..... that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration

Due to Chronic Parenchymatous

Due to Nephritis

Other conditions: 1/2 (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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) (a) Means of injury 7

23. Signature Thomas J. Allison (M. D. or other) 1-24-44

Address Deputy Coroner Date signed

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.....

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.