

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 28 1944

318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5024**  
Registrar's No. **1415**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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: Missouri Baptist. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution L Day. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis <sup>96</sup>  
(c) City or town Overland <sup>15</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9555 Roslan Avenue. <sup>N.R.</sup>  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Davis.  
3. (b) If veteran, name war None  
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 Feb, 12 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Child

11. Industry or business \_\_\_\_\_  
12. Name John A. Davis.  
13. Birthplace ? Oklahoma!  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Jones.  
15. Birthplace Tampa, Florida.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Jacobs.  
(b) Address 9555 Roslan Avenue.

17. (a) Burial (b) Date thereof 2-15-1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Paul Church Yard.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.

19. (a) FEB 14 1944 (b) J. F. Bredeek  
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1944 hour 9:00 M.  
21. I hereby certify that I attended the deceased from Jan 1944 19\_\_\_\_  
that I last saw him alive on 2-12-44 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Pneumonia  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 159  
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 place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature Robert B. ... (M.D. or other) \_\_\_\_\_  
Address 6390 National Bldg. Date signed 2/13/44

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.**