

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Wellston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6402 Derby Ave.,  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6402 Derby Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas E. Davis Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 490-01-6171

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Davis 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 25, 1907.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 0 11 hr. \_\_\_\_\_ min.

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

10. Usual occupation Foreman

11. Industry or business Wagner Electric Co.

12. Name Thomas Davis.

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

14. Maiden name Myrtle Isham

15. Birthplace Unknown Colo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Davis  
 (b) Address 6402 Derby Ave.,

17. (a) Burial (b) Date thereof Mar. 9/44.  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 8 - 1944 (b) E. G. Mc Gowan, Jr.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7  
 year 1944 hour 12.50 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 19  
1942, to March 7, 1944;  
 that I last saw him alive on Feb. 25, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiopathy  
 Duration Several years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 934

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 0

23. Signature Peter A. Eck. M.D. (M. D. or other)

Address 4705 St. Louis Ave Date signed 3/7/44

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

MOTHER {  
FATHER {

PHYSICIAN

Underline the cause to which death should be charged statistically.

DR. P. A. ECK  
4701A St. Johns Ave.,  
MAY 4

1944

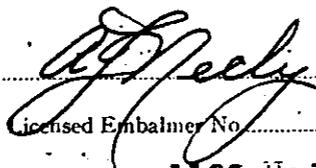
**STATEMENT BY LICENSED EMBALMER**

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. 32225

P. O. Address 1125 Hodiemont Ave.,

**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.**