

S. No. 2
M-8-43
v. 5-17-39
X37623

12690

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1944
318

Registration District No. Primary Registration District No. 1002 Registrar's No. 4082

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 hours, 50 mins
(Specify whether

In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2128 Eugenia
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bunch Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Cauc

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

6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased may 3rd 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30,
year 1944 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 29, 19 44 to April 30, 19 44
that I last saw him alive on April 30, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Apoplexy

Due to

Due to

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

Major findings:
Of operations.....

Of autopsy.....

Duration 26 hrs.

8. AGE: Years 60 Months 11 Days 27
If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Ada Davis
(b) Address 2128 Eugenia Street

17. (a) Burial (b) Date thereof 5-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. Handley
(b) Address 3133 Bell ave

19. (a) MAY 2 1944 (b) J. Z. Budick
(Date received local registrar) (Registrar's signature)

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 Alva Moore (M. D. or other).....
Address 2601 W. Hunter Date signed 5/1/44

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

MOTHER FATHER

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..... *S. J. Gato on*

Licensed Embalmer No. *2698*

P. O. Address..... *2769 Chouteau*

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.