

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Homer G. Phillips  
(d) Length of stay: In hospital 20 days  
In this community 8 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(d) Street No. 1735-N. 9th St.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME George Davis  
3. (b) If veteran.  name war  
3. (c) Social Security No. 13-18-6637

20. DATE OF DEATH: Month Apr. day 2nd  
year 1944 hour 1 minute 45 A.M.

4. Sex male 5. Color or race negro  
6. (a) Single, widowed, married, divorced. 0  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 27 years

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

7. Birth date of deceased 7-27-1895  
8. AGE: Years 48 Months 8 Days 5 If less than one day hr. min.

Immediate cause of death Peritonitis following stab wound inflicted at the hands of one Bernice Wledge  
Due to Wledge (col) in the home at 1735 N. 9th St around 8 Pm  
Due to 3-12-44

9. Birthplace Louisiana  
10. Usual occupation Freight Handler

Other conditions 167  
Major findings: 167  
Of operations  
Of autopsy

11. Industry or business  
12. Name unknown  
13. Birthplace LA  
14. Maiden name unknown  
15. Birthplace LA

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Bernice Wledge  
(b) Address 1735-N. 9th St  
(c) Place: burial or cremation Washington Park  
(d) Signature of funeral director J. F. Blodgett  
(e) Address 1735-N. 9th St  
19. (a) Date received by registrar APR 20 1944  
(b) Registrar's signature J. F. Blodgett

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide Accidental Homicide  
(b) Date of occurrence 3-12-44  
(c) Where did injury occur? St. Louis MO  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
While at work? Home  
(c) Means of injury  
23. Signature Thomas F. Callaway  
Address Deputy Coroner Date signed APR 20 1944

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

X33697

**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 *J.C. Lewis* .....

Licensed Embalmer No. *2027* .....

P. O. Address *Webster Groves* .....

**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.**

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

3. (a) PRINT FULL NAME George Davis

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

4. Sex M 5. Color or race B 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 July 27  
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days..... If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day.....  
year 1944 hour..... minute..... M.

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

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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..... (M. D. or other)

Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

12693