S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12696

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3529

1. PLACE OF DEATH: Homer G. Phillips Hospital
(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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 Glasgow Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sam Davis
3. (b) If veteran, name war
3. (c) Social Security No. None.
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lizzie Davis
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 1 (Month) 1 (Day) 1874 (Year)

8. AGE: Years 70 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Natchez (City, town, or county) Miss (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name Anathony Davis
13. Birthplace Natchez (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Francis Davis
15. Birthplace Natchez (City, town, or county) Miss (State or foreign country)
16. (a) Informant James Davis
(b) Address 2735 Dickson St
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Gus Howe
(b) Address 2930 Dickson St.
19. (a) APR 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 44 hour 7 minute 35 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion Arteriosclerosis	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Perry (M.D. or other) 3
Address [illegible] Date signed 4/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.