

FILED MAY 2 1944 318

1003

Registrar's No. 3660

Registration District No. _____

Primary Registration District No. _____

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:
Missouri Baptist 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Christian
 (c) City or town Taylorville
(If outside city or town limits, write "RURAL")
 (d) Street No. 113 E. Market St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Jefferson 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 June 15 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 5 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant C.B. Davis

(b) Address Taylorville, Ill.

17. (a) Removal (b) Date thereof 4-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylorville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 20 1944 J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Apr 1 1944 to Apr 20 1944
 that I last saw him alive on Apr 19 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs Duration 48 hrs

Due to Prostate obstruction 2 yrs
uremia 3 days
 Due to Chronic hepatitis 6 mos

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

Major findings: Hypertrophied Prostate

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 type of place) (e) Means of injury

23. Signature J. F. Brodeck (M. D. or other)

Address 958 Ave. B Date signed 4/20/44

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

Albert G. Hoffe

Licensed Embalmer No. 2971

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.