

FILED JUL 10 1944

Registration District No. 319

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4468

22632
State-File No.

Registrar's No. 216

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. MARYS
(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 1
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN F. DAVIS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased JUNE 17 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name GEORGE H. DAVIS
13. Birthplace JEWETT MO
(City, town, or county) (State or foreign country)
14. Maiden name MARIE COUSSETT
15. Birthplace KARASKIA IS. ILL
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Davis

(b) Address St. Marys Mo

17. (a) burial (b) Date thereof 6-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Karaskia Island Ill

18. (a) Signature of funeral director Des. C. Basher

(b) Address St. Genevieve Mo

19. (a) June 17/44 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town ST. MARYS
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 17 1944 to June 17 1944
the I last saw him alive on June 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Primarily born 6 1/2 mos. 5 hrs.

Due to Unknown

Due to _____

Other conditions 159
(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?
_____ (Specify type of place)

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature J. P. Wilkens (M. D. or other) _____
Address St. Marys Mo Date signed 6/17/44

Duration
Physician
Underline the cause to which death should be charged statistically.

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

9500

RECEIVED

District Health Officer No. 4

District File Number 744-4074

Date Filed 7-8-44

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 W. C. Baker

Licensed Embalmer No. 1985

P. O. Address St. Dennis, Mo

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.