

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1944

318

Primary Registration District No. 1003

Registrar's No. 8311

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution. Three months (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Oscar Davison

3. (b) If veteran, name war None

3. (c) Social Security No. H94-05-9476

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian Davison

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 19 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Teacher

MOTHER FATHER

11. Industry or business _____

12. Name W. M. Davison Illinois

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

14. Maiden name Leardine Elizabeth Hunt

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

16. (a) Informant Rev. G. G. Hummel

(b) Address 4607 McPherson av.

17. (a) Burial (b) Date thereof Oct. 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Tenn.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Blvd.

19. (a) SEP 29 1944 (b) J. T. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1431 Bell Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1944 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from July 1, 1944, to Sept 27, 1944; that I last saw h. in alive on Sept. 27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung Duration 3 mos.

Due to metastases to spine, liver, adrenals, kidney, etc.

Due to _____

Other conditions H7
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy Carcinoma of left lung with metastasis
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. K. Weber (M. D. or other) _____
Address Missouri Theatre Bldg. Date signed 9/29/44

NOV 13 1944

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

Ronald O. Zehube

Licensed Embalmer No.....

3917

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.