

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9170**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Horner Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 477 Fairfield Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES DAVENPORT

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-18-0457

20. DATE OF DEATH: Month October day 26, year 1944 hour 9 minute 40 P. M.

4. Sex Male 5. Color or race Negro

21. I hereby certify that I attended the deceased from October 25, 1944, to October 26, 1944;

6. (b) Name of husband or wife Lucy Robinson Davenport 6. (c) Age of husband or wife if alive 59 years

that I last saw him alive on October 26, 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Bronchopneumonia

8. AGE:	Years	Months	Days	If less than one day
<u>abt. 54</u>	<u>54</u>	<u>-</u>	<u>-</u>	hr. _____ min. _____

Duration Terminal

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

Due to _____

10. Usual occupation Janitor

Due to _____

11. Industry or business _____

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

12. Name Unknown 9

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name Unknown

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) _____

16. (a) Informant Wife

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10 30 44 (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State) _____

(c) Place: burial or cremation Capeole Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director J. B. Bredeck
(b) Address 1221 77th Grand Blvd
19. (a) OCT 29 1944 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

23. Signature H. P. Dena... (M. D. or other) _____
Address 230 W. ... Date signed 10/27/44

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

2
7
9

MOTHER FATHER

JAMES HAVENBORT

NO. 12742

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 *James A. Johnson*

Licensed Embalmer No. *3522*

P. O. Address *3706 Franklin Ave*

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.