DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1945

STANDARD CERTIFICATE OF DEATH

State of MISSOURI 6076

State File No. 34566
Registrar's No. 2428

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0
0

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days) In this community 52 years

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. 115 North Theresa (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) FULL NAME DAVIS, DeWitt
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Separated Married
6. (b) Name of husband or wife Mabel Davis
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November (Month) 18 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	5	hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Section Worker
11. Industry or business --
MOTHER FATHER
12. Name Frank Davis
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Lottie Wheeler
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Acting Clinical Clerk,
(b) Address Vet. Adm. Fac., Jefferson Barracks, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)
(c) Place; burial or cremation National Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) 10-29-45 (Date received local registrar) (b) E. D. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month October day 23 year 1945 hour 8:35 minute P.M.
21. I hereby certify that I attended the deceased from October 11, 1945 to October 23, 1945 that I last saw him alive on October 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY ARTERIO-SCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE & INSUFFICIENCY.	Unknown
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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) No
(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 E. V. EDWARDS, Lt. Col. (M. D. or other) M.C.,
Address Vet. Adm. Fac., Jeff. Brks. Mo Clinical Director. Date signed 10/24/45

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name on the reverse side of this certificate was embalmed by me, or by Thomas J. Gates, Registered Apprentice No. working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P.O. Address 4107 Finney 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.

JUL 28 1945