V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35171

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10078

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: Firmin Desloge
(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 Missouri (b) County

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

(d) Street No. 1302 Kentucky
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME David Eugene Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 16 (Day) 1945 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 6 hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Montrose Milford Davis
13. Birthplace Union (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marceline Marie Balkenbusch
15. Birthplace Belle (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Marceline Davis
(b) Address 1302 Kentucky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 19 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation Lynn Mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Lynn Mo

19. (a) NOV 21 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 16, 1945, to November 17, 1945; that I last saw him alive on Nov 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 5½ month gestation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. P. Lynnwiler (M. D. or other) M.D.
Address St. Mary's Hospital Date signed 11-17-45

(Licensed Embalmer's Statement on Reverse Side)

100078

100078

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.

Not Embalmed

Signed [signature]

Licensed Embalmer No. 3472

P. O. Address 4911 Washington Bl

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.