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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 223

FILED FEB 7 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 612

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

2432

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Homer Phillips Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St Louis

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

(d) Street No. 1023 Glasgow Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kenneth Davenport.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col,

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

6. (b) Name of husband or wife infant.

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

7. Birth date of deceased Jan, (Month) 24th, (Day) 1944. (Year)

8. AGE: Years 1 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Cotton Plant (City, town, or county) Ark. (State or foreign country)

10. Usual occupation

11. Industry or business infant.

FATHER
12. Name George Davenport
13. Birthplace Aberdeen (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Queen Ester Hardin
15. Birthplace CottonPlant (City, town, or county) Ark. (State or foreign country)

16. (a) Informant QueenEster Davenport

(b) Address 1023 Glasgow Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood. em.

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St.

19. (a) JAN 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan, day 18th. year 1946 hour 8/25 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid Hemorrhage Time Place Cause and manner of Same Could not be determined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence Time Undetermined

(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? Undetermined (Specify type of place)

While at work? (e) Means of injury 5 above

23. Signature Patrick E Tyler (M.D. or other)

Address Date signed 1/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 L Boyl

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boyl

Licensed Embalmer No. 294

P. O. Address St Louis

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.