

FILED FEB 13 1948 STANDARD CERTIFICATE OF DEATH

228
State File No. 1067
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 6 months.
(Specify whether years, months or days) 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL") 139
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No5 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

WILLIE LEE DAVIS.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Julia Roberts 6. (c) Age of husband or wife if alive years 1880

7. Birth date of deceased Sept. 24th; 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Anderson Davis

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

14. Maiden name Willie Catron

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St

17. (a) Anatomical Board (b) Date thereof 3/31/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) JAN 31 1946 (b) J. V. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th; year 1946 hour 8:00 P. M. minute

21. I hereby certify that I attended the deceased from 19th; 1945 to January 25th; 1946 that I last saw him alive on January 25th; 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral degeneration arteriosclerotic 9/43 pl

Due to Generalized arterio sclerosis unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

18. (a) Signature of funeral director (b) Address

23. Signature Blenw Prinson Bowditch (M. D. teacher) Address 5800 Arsenal Date signed 1-27-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2437

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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.....

Licensed Embalmer No.....

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.