S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24880

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1164

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 12-10-45 (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5045 Wells Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DAVIS, Harry A.

3. (b) If veteran, name war World I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Davis

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April (Month) 15 (Day) 1892 (Year)

8. AGE: Years 54 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Prop. Confectionary

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet.Adm.Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director C. Hoffmeister U & L
(b) Address Co. St. Louis, Missouri

19. (a) 7-12-46 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1946 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from 12-10-45, 19..., to 7-9-46, 19...;
that I last saw him alive on July 9, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA PROSTATE & RECTUM WITH EROSION OF RECTUM	UNK
Due to	
Due to	
Other conditions MALIGNANT INTESTINAL (Include pregnancy within 3 months of death) VESICAL FISTULA; PERIPHERAL ARTERIO-SCLEROSIS	6 Mos.

Major findings:
Of operations Colostomy 1-9-46;
Electro-surgical excision excess loop of intestine 1-29-46
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: No
(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? L. E. Stilwell (Name of injury)

23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet.Adm.Hosp.Jeff.Brks.,Mo. Date signed 7-9-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1945

SEP 9 1946

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 L. P. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.