

S. No. 2
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5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35030

State File No.

9235

FILED NOV 7 1946

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Anthony Davis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Nov. 6 1861
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 17
If less than one day hr. 9 min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. (a) Informant Golda May Lee

(b) Address 3988 Papin

17. (a) BURIAL (b) Date thereof Oct. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAKDALE

18. (a) Signature of funeral director W. F. English

(b) Address 809 1/2 S. 1st St.

19. (a) Oct 29 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 3988 Papin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-19 to 10-23, 1946,
that I last saw h. er alive on Oct. 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerotic Heart Disease with
Coronary Thrombosis Duration Undet.

Due to

Due to

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. B. Williams (M.D. or other)

Address 2601 N Whittier Date signed 10/26/46

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

MOTHER FATHER

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 Burleson English
Licensed Embalmer No. 4208
P.O. Address 2931 Lucas 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.