

No. 2
12-45
1-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38219**
Registrar's No. **3402**

FILED DEC 9 1946
Registration District No. **21**

Primary Registration District No. **6876**

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

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 Nov. 21, 1946**
(Specify whether **6 months**)
In this community **6 months**
years, months or days

3. (a) PRINT FULL NAME **DAVIS, Archie W.**
3. (b) If veteran, name war **World I**
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 9, 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 16 hr. min.

9. Birthplace **Hancock, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **None**

MOTHER FATHER
11. Industry or business
12. Name **Perry Davis**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Rose Lee**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Veterans Adm. Hosp.**
(b) Address **Jefferson Barracks, Missouri**
17. (a) **Burial** (b) Date thereof **12-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Dixon, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe Und. Co.**
(b) Address **1700 Washington, St. Louis, Missouri**
19. (a) **12-3-46** (b) **Ruth J. Allen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Dixon**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **27**
year **1946** hour **5:00** minute **A** M.
21. I hereby certify that I attended the deceased from **November 21, 1946** to **November 22, 1946**
that I last saw him alive on **November 22, 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **GUNSHOT WOUND OF HEAD WITH NECROSIS OF RIGHT AND LEFT FRONTAL LOBES**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Craniectomy and debridement of head and brain. 11-26-46**
Of operations _____
Of autopsy **Autopsy performed by St. Louis County Coroner (See cause of death)**

22. If death was due to external causes, fill in the following: **death**
(a) Accident, suicide, or homicide (specify) **Open Verdict**
(b) Date of occurrence **November 19, 1946**
(c) Where did injury occur? **Dixon, Missouri**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Back yard of home
While at _____ (Specify type of place)
Means of injury **L. E. Stilwell**
23. Signature **L. E. STILWELL, M.D.** (M. D. or other)
Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed _____

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 Henry M. Brammer
Licensed Embalmer No. 4200
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.