

No. 2
-5-43
-17-39
I X36571

FILED FEB 10 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1125**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

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

(c) Name of hospital or institution: **Hosp = 10**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Davis**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color **White**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **47-1882**

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **W. Va.** (City, town or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **W. Va. work**

12. Name **W. Va. work**

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

14. Maiden name **W. Va. work**

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

16. (a) Informant **W. Va. work**

(b) Address **Anatomical Board**

17. (a) Date of removal **Nov 11-10-47**
(Burial, cremation, or removal)

(c) Place: burial or cremation **W. Va. work**

18. (a) Signature of funeral director **W. Va. work**

(b) Address **3500 Rutledge**

19. (a) **FEB 3 1947** (Date received local registrar) **J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Louis**

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

(d) Street No. **5-7-44** (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23** year **1946** hour **2** minute **20**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Lobar pneumonia**
2. fracture R. femur
When he was struck by a black
White taxi cab driver who
did not stop at intersection
of 17th & Locust St. around 6:20
PM Nov. 11th 1946

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Homicide of the hands of Party or**
Of operations: Tactics unknown

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **Nov. 11, 1946**

(c) Where did injury occur? **St. Louis** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

23. Signature **Alfred Perry** (M. D. or other) **3**

Date signed **1/9/47**

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

1-2-101

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.