

S. No. 2  
 JM-5-43  
 v. 5-17-39  
 I X36671

**FILED JAN 27 1947**  
 Registration District No. **318**

Primary Registration District No. **1003**

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

**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:  
1517 N. 17th St.  
(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** Mr. Thomas J. Davis  
 3. (b) If veteran, name war none  
 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 Donnie Davis  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased September 15th, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation none  
 11. Industry or business \_\_\_\_\_  
 12. Name of father John Davis  
 13. Birthplace of father unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name of mother unknown  
 15. Birthplace of mother unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jewell Davis  
 (b) Address 1517 N. 17th St.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 1-17-47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Kenneth Missouri

18. (a) Signature of funeral director Hy. Leidner U. Co.  
 (b) Address 2223 St. Louis Ave.  
 19. (a) JAN 16 1947  
(Date received local registrar) (b) J. F. Bredeck  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1517 N. 17th St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month January day 15th  
 year 1947 hour 7 minute 05 M.  
 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 Crown Thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 94  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 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 car  
 23. Signature Alfred J. Perry (M. D. or other) 3  
 Address Deputy Coroner Date signed 1-16-47

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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..... *John P. Buchholz* .....

Licensed Embalmer No..... *1674* .....

P. O. Address..... *2223 St. Louis 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.**