

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 14 1947**  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
1003

10724

State File No. \_\_\_\_\_  
Registrar's No. **3441**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Illinois (b) County Macon  
(c) City or town Decatur  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2405 East Eldorado Street., 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Henry Harry Davis  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. 314-03-2398

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month March day 28  
year 1947 hour 8 minute 30 AM.  
21. I hereby certify that I attended the deceased from March 19  
1947 to March 28 1947  
that I last saw him alive on March 28 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Jessie Davis  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased September 7 1883  
(Month) (Day) (Year)

Immediate cause of death Respiratory failure  
Due to Pneumectomy, rt.  
Due to Carcinoma of lung, right  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Carcinoma of lung rt.  
Of autopsy Same

**8. AGE:** Years Months Days If less than one day  
63 6 21 hr. min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
12. Name Ewing Davis  
13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Lyons  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Davis

(b) Address 2405 E. Eldorado, Decatur, Ill

17. (a) Removal (b) Date thereof 3-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decatur, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 31 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**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 \_\_\_\_\_  
23. Signature F R Bradley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 3-28-47

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

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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..... *Elmer R. Cadwell* .....

Licensed Embalmer No..... *4077* .....

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.**