No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14983

FILED MAY 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4629

1. PLACE OF DEATH:

(a) County

(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 2 days (Specify whether years, months or days)

In this community

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. 3220 La Salle (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joe Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Not known

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 3 (Day) 1891 (Year)

8. AGE: Years 55 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name John Davis

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

14. Maiden name Lizzie Brown

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

16. (a) Informant Dora Bass, Cousin

(b) Address #15 So 22nd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director F. H. Green

(b) Address 2915 Franklin Ave

19. (a) MAY 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 11 minute 15 A M.

21. I hereby certify that I attended the deceased from 4-27, 1947, to 4-29, 1947, that I last saw him alive on April 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Asthma	Undet.
Due to	
Due to	
Other conditions: Cardiac Decompensation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work (e) Means of injury

23. Signature H. J. Clemens (M. ~~Dorothy~~)

Address 7601 Wohlrab Date signed 5/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 2963

P. O. Address 2915 Franklin

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.