S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

25448

State File No.

FILED AUG 15 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7081

31

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

1. PLACE OF DEATH:

(a) County —

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

(c) Name of hospital or institution: Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2504 Slattery St. 9
20 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME James Davis

3. (b) If veteran, name war No

3. (c) Social Security No. 413-12-8596

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara Davis

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

7. Birth date of deceased March (Month) 4 (Day) 1895 (Year)

8. AGE: Years 52 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Martin (City, town, or county) Tennessee 1 (State or foreign country)

10. Usual occupation Molder

11. Industry or business Sterling Aluminum

FATHER
12. Name John Davis
13. Birthplace Pulaski (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Jenny Donivan
15. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs. Clara Davis
(b) Address 2504 Slattery St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Union City, Tenn.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 30 1947 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 1:25 minute 00 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Coronary Occlusion

Due to Cholecystectomy General Anesthesia while undergoing operation. Cholecystectomy at Alexian Bro Hosp July 29 1947 about 1:25 PM

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195

Of autopsy 4

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(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 Patrick E. Taylor (M.D. or other)

Address Dep Coroner Date signed 7/30/47

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 Elmo 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.