F. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947
#71258

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25451
Registrar's No. 6651

Registration District No. 318 Primary Registration District No. 1003

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ord
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1626 N. 14th St., 9
(If rural, give location) 26 J
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN DAVIS

3. (b) If veteran, name war Unknonw

3. (c) Social Security No. Unknown

4. Sex Male 9

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 21st, Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	23	hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary — Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant City Hosp. Records
(b) Address 1515 Lafayette

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (c) Signature of funeral director Sundmeyer & Son
(b) Address 3434 N. 20 St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1947 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from 7/4/47, 19..., to July 14th, 19 47 that I last saw him alive on July 14th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremia, chronic, generalized — months
Due to
Due to Hypertrophied prostate — weeks
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

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) None
(b) Date of occurrence
(c) Where did injury occur? None (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 Robert L. Gilbert, M.D. (M. D. or other)
Address 1515 Lafayette Date signed 7/14/47

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. G. Smither

Licensed Embalmer No. 3916

P. O. Address 3934 N. 70 St

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.