S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26298

Registration District No. 377

Primary Registration District No. 2002

Registrar's No. 1351

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6621 Waterman Blvd.
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Univercity City
(If outside city or town limits, write "RURAL")
(d) Street No.: 6621 Waterman Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: HARRY L. DAVIS.
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Eleanora Sharp Davis.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December 10 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	8	..... hr. ..... min.

9. Birthplace: Hannibal (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Retired-
11. Industry or business: Advertising
FATHER
12. Name: William Henry Davis
13. Birthplace: Pittsburg (City, town, or county) Pennsylvania. (State or foreign country)
MOTHER
14. Maiden name: Abbey L. Parker
15. Birthplace: Hannibal (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Harold E Davis.
(b) Address: 6621 Waterman Ave.
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof: 7-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Crematory
18. (a) Signature of funeral director: C. R. Lupton & Sons.
(b) Address: 7233 Delmar Blvd.
19. (a) 7-19-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from July 17, 1947, to July 18, 1947, that I last saw him alive on July 18, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Cardiac decompensated
Due to: .....
Other conditions (Include pregnancy within 3 months of death): Prostatic hypertrophy
Major findings:
Of operations: 0/32
Of autopsy: .....

Duration

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? 0 (Specify type of place)
While at work? ..... (Means of injury) .....
23. Signature: [signature] M. D. or other) MD
Address: 2342 St Louis Date signed .....

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr.A.H.Sewing
[redacted] St.Louis Ave.,
CH2013
2 to 3 P.M.

JUL 25 1947

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 Raymond L. Harris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Mo.

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.