S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32437

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8527

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: 0.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Barnes Hospital (Specify whether)

In this community 2 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2833 Lucas Avenue 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME SAMUELLA DAVIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr.	min.
abt 30				

9. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Will Perry

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

MOTHER 14. Maiden name Annie Curry

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

16. (a) Informant Timothy Davis

(b) Address 4112a Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) SEP 9 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1947 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept. 4 1947 to Sept. 7 1947 that I last saw him alive on Sept 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Childbirth-	
Eclampsia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy Eclampsia-childbirth

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 0

23. Signature F R Bradley M.D. (M. D. or other)

Address Barnes Hospital Date signed 9/7/47

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.