. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35642

Registrar's No. 9424

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 City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Oco

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

(d) Street No. American Hotel 7th & 4 Market (If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jake Davis

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

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

8. AGE: Years About 61 | Months — | Days — | If less than one day — hr. min.

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

10. Usual occupation Grocery

11. Industry or business

FATHER
12. Name Abraham Davis
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Laha Karrot
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Ben Davis

(b) Address American Hotel 7 Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oxenhandler

(b) Address 5010 Enright

19. (a) Oct 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11th year 1947 hour 7 minute 45 A.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 Bronchogenic Carcinoma

Due to Left Lung

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 10/11/47

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.....

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.