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 DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39570

Registrar's No. 10746

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2910 Victor Street.,
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2910 Victor Street.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josh Davis
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Married
6. (b) Name of husband or wife Lonah Davis
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August (Month) 10 (Day) 1870 (Year)

8. AGE: Years 77 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Stock Dealer
11. Industry or business Live Stock

FATHER
12. Name Thomas Davis
13. Birthplace Madison (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jane Donaway
15. Birthplace Madison (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Carl Davis
(b) Address 2910 Victor Street.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation Madison, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) NOV 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May, 1947, to November 21, 1947 that I last saw him alive on November 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	3 days
Hypertensive - Cardio -	
Due to Vascular Disease	5 yrs
Due to	
Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	6 mon.

Major findings:
Of operations
Of autopsy

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 [illegible] M.D. or other
Address 4952 Maryland Ave. St. Louis Mo. Date signed Nov 22/47

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 Ernest W. Gillars

Licensed Embalmer No. 4080

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.