S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6254
1428

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (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. 2725 a Gamble St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Davis
3. (b) If veteran, name war No
3. (c) Social Security No. 500-260-009
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---
7. Birth date of deceased Dec. 1, 1926 1925 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
21	2	6	hr. min.

9. Birthplace Rohwer (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Porter
11. Industry or business Lennox Hotel
MOTHER FATHER
12. Name Henry Davis
13. Birthplace unknown (City, town, or county) Louisiana (State or foreign country)
14. Maiden name Rose Christian
15. Birthplace Lake Village (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Rose Davis
(b) Address 2725a Gamble St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director C.G. Nash
(b) Address 3847 Page Blvd.
19. (a) FEB 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 7 year 1948 hour 8 minute 5 P M.
21. I hereby certify that I attended the deceased from Feb. 4, 1948 to Feb. 7, 1948 that I last saw him alive on Feb. 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma - Metastatic, Lungs & Bladder
Primary site-Rectum
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Colostomy; Pulmonary
Edema
Major findings:
Of operations
Of autopsy No

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 Oscar J. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 2/9/48

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 Claudia M. Nash, Registered Apprentice No. 424, working under my personal supervision.

Signed E. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.