No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 3942

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 7242
Registrar's No. 77419

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 DAYS (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town KINLOCH 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5th & CARSON 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME CLAUDETTE DAVIS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced S ( )
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 17 (Day) 43 (Year)

8. AGE: Years 4 Months 2 Days 23 If less than one day hr. min.

9. Birthplace CLAYTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation NONE
11. Industry or business NONE
FATHER
12. Name CLAUD DAVIS
13. Birthplace TURNER (City, town, or county) ARKANSAS (State or foreign country) 1
MOTHER
14. Maiden name JUANITA STEWART
15. Birthplace TROY (City, town, or county) ALABAMA (State or foreign country) 1
16. (a) Informant CLAUD DAVIS
(b) Address 5th & CARSON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros
(b) Address Kinloch, Mo
19. (a) 2-14-48 (Date received local registrar) (b) Earl C. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 10
year 1948 hour 11 minute 35 P 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.

| | Duration |
|---|---|
| Immediate cause of death a Congestive Heart Failure | 7 days |
| b Bronchopneumonia | 4 days |
| Due to Acute Rheumatic Fever | 3 wks |
| Due to 93 E | |
| Other conditions Verrucous endocarditis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Bronchopneumonia, congestion of lungs - Pancarditis - Verrucous

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 A. E. Hegel (M. D. or other)
Address 601 Brentwood Blvd Date signed 2/11/48

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

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 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.

LU 7664