V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10092

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2842

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

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: St. Marys ~~Hospital~~ Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 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. 4539 St. Ferdinand Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 11

If yes, name country

3. (a) PRINT FULL NAME Thomas R. Davis

3. (b) If veteran, name war World War 1.

3. (c) Social Security No. 497-07-4522

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Mary M.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 30 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	20	hr. min.

9. Birthplace Mile La Motte, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Benjamin F. Davis
13. Birthplace Little Rock, Ark. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Louias J. Johnson
15. Birthplace Valley Mines, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Viola Brown
(b) Address 4539 St. Ferdinand Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.

19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20, year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 18th, 19 to March 20th, 19 XX that I last saw him alive on March 20th, 19 XX and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0

23. Signature J. T. Aldrich (M. D. or other)
Address 2605 Mayflower Date signed 3-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1948

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Maynure St Chester Graves Md

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.