

FILED APR 30 1948

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3698

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 Market St. 0
(If rural, give location)

(e) Citizen of foreign country? No 23
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Davis
George Davis

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

3. (c) Social Security No. 702-12-7496

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Anner Davis

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 20 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 48 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-17
1948, to 4-14, 1948
that I last saw him alive on 4-14, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 8 24 hr. 1 min.

Immediate cause of death - Myocardial failure - Cachexia - from prolonged illness
Carcinoma type undetermined
Generalized abdominal metastases
Site not determined

Due to Cachexia - from prolonged illness 4MO

Duration 2 hr

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Section Laborer

11. Industry or business Terminal Railroad

12. Name Unknown 95

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings of operation Generalized Abdominal Carcinomatous

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Anner Davis

(b) Address 1412 Market Ave

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 4-19-48
(Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director C. T. Cook

(b) Address 3847 Page Blvd.

19. (a) APR 19 1948
(Date received local registrar)

(b) J. F. Breidick
(Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature James J. Stephens (M. D. or other) M.D.

Paul Hoff

4-14-48

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 C. J. Nash.....

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page Blvd......

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.