S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14001 3788

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

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: Proceeded dead at Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 (Specify whether
In this community: 17 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2646 Randolph St. 9
(If rural, give location)
22
(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mr Joseph Davis
3. (b) If veteran, name war:
3. (c) Social Security No.: 497-07-1322

4. Sex: M. 2
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: years
7. Birth date of deceased: 8 (Month) 16 (Day) 1901 (Year)

8. AGE: Years 46 Months 7 ~~Days 29~~ If less than one day hr. min.

9. Birthplace: Yazoo (City, town, or county) Miss (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
MOTHER FATHER
12. Name: Calvin Davis
13. Birthplace: (City, town, or county) La. (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Carrie Fuller
(b) Address: 1916 R Franklin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Gus Lowe
(b) Address: 3930 Dickson St.
19. (a) APR 22 1948 (Date received local registrar) (b) J. F. Barnack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 4th day: 15
year: 1948 hour: 5 minute: 55 A. 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: Internal Hemorrhage
following ruptured liver. When
he was found along side the
Missouri Pacific Railroad
tracks, upon Hogan Ave. Around
Due 5 A.M. April 15 1948
Contributing causes: Cause and Manner of Death
(Include pregnancy within 3 months of death) could not be determined

Major findings:
Of operations: 1115
Of autopsy: 99

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): Injury Fracture
(b) Date of occurrence: 4/15/48 Occ
(c) Where did injury occur?: St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: P.P. Depot Wing
(Specify type of place)
While at work?: (e) Means of injury: Gas Burn
23. Signature: Glenn E Hughes (M. D. or other)
Address: City Date signed: 4/24/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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.