No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17510

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 5155

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: 1307 Biddle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community (years, months or days) over 20 yrs.

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State M (b) County

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

(d) Street No. 1307 Biddle
(If rural, give location)

(e) Citizen of foreign country? 25 No (Yes or No)

If yes, name country

600
17
9
0

3. (a) PRINT FULL NAME John Davis

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M2

5. Color or race Col

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 70 | Months | Days | If less than one day hr. min.

9. Birthplace Boliva (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Oliver Davis
13. Birthplace — (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Julia —
15. Birthplace — (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Elizabeth Davis
(b) Address 5953 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beulhold
(b) Address 4203 Delmar

19. (a) JUN 4 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 48 hour ✓ minute 2 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.

Immediate cause of death — Duration

Due to Pulmonary Embolism

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

23. Signature Patrick E Taylor 3 (M.D. or other)

Address Date signed Dec Cor

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 Vora Thompson Wilson

Licensed Embalmer No. 4436

P. O. Address 4303 Delma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.