No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27632

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7505

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:
Homer G Phillips Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ mos (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 1229 a N Garrison 17 9 16
(If rural, give location)

21

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

If yes, name country

3. (a) PRINT FULL NAME Norman Davis

3. (b) If veteran, name war War one

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased Feb. (Month) 24 (Day) 1894 (Year)

8. AGE: Years 54 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborerr

11. Industry or business

FATHER
12. Name Tarl Davis
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Susie Evans
15. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Evelyn Northington
(b) Address Guin, ALA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 30/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director F. G. Green
(b) Address 4214 DELMAR BLVD

19. (a) AUG 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 4 minute 15 p M.

21. I hereby certify that I attended the deceased from June 9, 1948 to August 23, 1948;
that I last saw him alive on August 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	Undet.
Due to	
Due to	
Other conditions Undetermined (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to 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 Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 8/26/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 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 F. G. Green

Licensed Embalmer No. 2963

P. O. Address 7214 DELMAR BL

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.