

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31601

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7708**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. 3435a Hartford		d. STREET ADDRESS (If rural, give location) St. 76 3435a Hartford St. 0	
3. NAME OF DECEASED (Type or Print) a. (First) George Davis.		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sep't. 9, 1950.	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 17, 1886.
9. AGE (to years last birthday) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deecorator	10b. KIND OF BUSINESS OR INDUSTRY Paint & Wallpaper
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Hugh Davis		13b. MOTHER'S MAIDEN NAME Core	
14. NAME OF HUSBAND OR WIFE Clare Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Clare Davis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunature wound of head in struggle with axe about 278 (b) 21 minutes about 6:26 p.m. Sept 9 1950 at 3435a Hartford St DUE TO (c) deceased struck McGinnis 2. OTHER SIGNIFICANT CONDITIONS with ice pick and was stabbed Conditions contributing to the death but not related to the disease or condition causing death. with same in remaining struggle	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE Justifiable Homicide	
21b. PLACE OF INJURY (res., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Sept 9 50 6:26 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E982X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:26 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Patrick E. Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9/250		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sep't. 13, 1950.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Hunter	
25. ADDRESS 1389 Union Bly'		DATE REC'D BY LOCAL REG. SEP 12 1950	

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ronald G. White*

Licensed Embalmer No. *3917*

P. O. Address.....

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.