

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43073

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hospital No. 1)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 11648 St. _____ Ward _____

B. 11071 Martin Davis

2. FULL NAME

(a) Residence, No. 1845 a Menard St. 23 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 — 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Benjamin Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Bont Harow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Hosp. Info. I. H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Doernum Mo DATE Nov 25 1936

19. UNDERTAKER Wick Bros (ADDRESS) 2221 So. Grand Blvd

20. FILED NOV 24 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/36 19__

22. I HEREBY CERTIFY, That I attended deceased from 10/28/36 19__ to 11/23/36 19__

I last saw him live on 11/23/36 19__ Death is said to have occurred on the date stated above, at 2. S. S.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia belated Chronic myocarditis apertion of the prostate Pyloric hiatus - acute non-calculous Suprapubic postoperative

Other contributory causes of importance: _____
Name of operation Suprapubic postoperative Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Thos. J. Lawrence M. D.
(Address) City Hospital No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PRINTED WITH OBTAINING INFORMATION IS A FURNISHED BY RECORDS

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