

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38751

FILED DEC 12 1944

Registration District No.

Primary Registration District No.

6076

Registrar's No.

2463

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm: 9/13/44
(Specify whether
In this community 7 yrs
years, months or days)

3. (a) PRINT
FULL NAME

DAVIS, Vesy Arthur

3. (b) If veteran,
name war

WW-I

3. (c) Social Security
No. Not rem.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married,
divorced M
(b) Name of husband or wife Mrs. Juanita Davis 6. (c) Age of husband or wife if
alive 21 years
7. Birth date of deceased September 19, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 15 hr. min.

9. Birthplace Martinsville, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Silversmith

11. Industry or business

12. Name Samuel F. Davis

13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Carrie H. Williams

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Vet. Adm. Records

(b) Address Jefferson Barracks, Missouri

17. (a) REMOVAL (b) Date thereof DEC 6, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALIFORNIA, Mo.

18. (a) Signature of funeral director C. HOFFMEISTER Utl. Co.

(b) Address 784 S. BROADWAY

19. (a) DEC 6 1944 (b) E. Y. McLaughlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 67
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. Box #233
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from
September 13, 1944 to December 4, 1944
that I last saw him alive on December 4, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death PNEUMONITIS LEFT UPPER LOBE Duration UNK.

Due to PULMONARY CONGESTION, ARTERIO-SCLEROSIS GENERAL AND PERIPHERAL Unk

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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) No
(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?

While at work? W. A. GERMAN, M.D.
Signature Chief Medical Officer D. or other)
Address VAH - Jeff. Brks., Mo. Date signed 10-5-44

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1946

DEC 9 1946

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7327 Maryland Rd.

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.