

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

Do not use this space.

35270

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Lukes Hospital)
 File No. 10256
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Belle Mae Davis

(a) Residence, No. St. Louis County St. W 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
<u>46</u>	<u>8</u>	<u>8</u>	<u>8</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Maine

PARENTS	10. NAME OF FATHER <u>Dave Adams</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Maine</u>
	12. MAIDEN NAME OF MOTHER <u>Martha (unknown)</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Maine</u>

14. INFORMANT Dr. S. M. Davis
 (Address) 2424 N. Grand

15. FILED OCT 19 1928 Max C. Starr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1928

17. I HEREBY CERTIFY That I attended deceased from May 20, 1918, to Oct 18, 1928
 that I last saw h. ex alive on Oct 17, 1928, and that death occurred, on the date stated above, at 3:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis with
chronic valvular disease

30E admitted (duration) 15 yrs. _____ mos. _____ ds.
 CONTRIBUTORY Acute Rheumatic fever
 (SECONDARY) many years ago - repeated attacks

18. WHERE WAS DISEASE CONTRACTED _____
 NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical examination
 (Signed) Walter Baumgarten, M. D.
Oct 19, 1928 (Address) 912 Beaumont med. Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL Oct 20 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Non ...