APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

File No. 13191
Registered No. 3275

Registration District No. 1003
Primary Registration District No.

1. PLACE OF DEATH
County
Township
City St. Louis (No. 4116 W. Carter Ave. St. Ward)

2. FULL NAME Alyce Davis
(a) Residence, No. 4116 W Carter Ave St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4. 1890

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Belleville Ill.

FATHER
13. NAME Thomas Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Emily Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Lillian Gates
(ADDRESS) 4116 W Carter Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Hill, Belleville, Ill. DATE March 27 1936

19. UNDERTAKER W. H. Hermann & Son
(ADDRESS) 2101 East Fair Ave.

20. FILED MAR 26 1936 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16th, 1935, to March 24, 1936
I last saw h. alive on Sept 9th, 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of the Cervix Uteri	
2. Pneumonia - Terminal	

Other contributory causes of importance: H8

Name of operation Biopsy of Cervix Date of 4-23-35
What test confirmed diagnosis? Routine Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
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? No
If so, specify —
(Signed) John B. O'Neill, M. D.
(Address) 319 University Club Bldg.

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