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.

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

Do not use this space.

FEB 8 1937

Registration District No. 791
Primary Registration District No. 1003

File No. 3497
Registered No. 529

1. PLACE OF DEATH

County
Township
City ST. LOUIS (No. FIRMIN DESLOGE HOSPITAL St. Ward)

2. FULL NAME (ETTIE) Effie M. Davis

(a) Residence, No. 2518 UNIVERSITY ST. St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 23-1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

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) REYNOLDS CO., MO.

FATHER

13. NAME ELISE HOWARD

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

MOTHER

15. MAIDEN NAME NELLIE GILMORE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON CO., MO.

17. INFORMANT ROBERT S. DAVIS
(ADDRESS) 2518 UNIVERSITY ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ZION CEMETERY DATE 1/14/37, 19

19. UNDERTAKER Wm. M. Schumacher
(ADDRESS) 4834 Natural Bridge

20. FILED JAN 13 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/ 19 37

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 19 37 to 1/11, 1937
I last saw h. or alive on 1/11, 1937. Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia of entire left lung.	1/3/37

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Phys. exam & x-ray. 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, 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) G. O. Brown, M. D.
(Address) 1325 S. Grand Blvd., St. Louis, Mo.