

JAN 10 1938

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

43248
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **De Paul Hosp.** Registered No. **11498**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Cornelia M. Davis**

(a) Residence, No. **4877 Peavose** St. **7**
(Usual place of abode, if no street address, write county or city) (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 (Occupation of) **L. Homer Davis**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 15th 1902**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **House Work**
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) **St. Louis. 1**

FATHER
13. NAME **Henry Frick**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Anthony Ind.**

MOTHER
15. MAIDEN NAME **Lucile Troxler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Anthony Ind.**

17. INFORMANT (ADDRESS) **L. Homer Davis 4877 Peavose**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec. 16 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Prismashurg Ind. Co. 4746 N. Florissant Ave**

20. FILED **DEC 14 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12 - 13 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 4 1937** to **Dec 13 1937**
I last saw her alive on **Dec 12 1937** Death is said to have occurred on the date stated above, at **6:12 a.m.**
The principal cause of death and related causes of importance were as follows:

Ch. Endocarditis (Rheumatic)
Mitral Stenosis
Congestive Failure
Other contributory causes of importance **Suppurative Pneumonia**
Bronchial

Date of onset **Nov 1937**
Dec 7.37

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify **Ch. Endocarditis**
(Signed) **W. R. Ruddy**, M. D.
(Address) **Union Club Bldg.**

899

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

I X12804

STATEMENT BY LICENSED EMBALMER

I, Gay W Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Gay W Wilkinson
Licensed Embalmer No. 3575

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.)