

JAN 24 1938

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

46813
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1178
 (b) Township Jefferson Primary Registration District No. 6248H
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital Registered No. 274
 (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 Mary Fishburn Davis

(a) Residence, No. 5820 Cabanne Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Charles B. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. no use-wife
 9. Industry or business in which work was done, as 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) Avilla
 (STATE OR COUNTRY) Jasper Co. Mo.

FATHER 13. NAME Ruben W. Fishburn

14. BIRTHPLACE (CITY OR TOWN) Avilla
 (STATE OR COUNTRY) Jasper Co. Mo.

MOTHER 15. MAIDEN NAME Sarah Austin

16. BIRTHPLACE (CITY OR TOWN) N. Caroli na
 (STATE OR COUNTRY)

17. INFORMANT Charles B. Davis
 (ADDRESS) 5820 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcoxie Mo. DATE Jan. 3. 1937

19. FUNERAL DIRECTOR Alexander Jones
 (ADDRESS) 6175 Delmar Bl vd.

20. FILED Dec. 30 1937 Sam A Bissett
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:40^o m.
 The principal cause of death and related causes of importance were as follows:

accidental fall out of bed in her own home. Date of onset 12/1/37
1860

Other contributory causes of importance:
Fracture of left hip 12/2/37
Hypostatic pneumonia. 12/23/37

Name of operation None Date of.....
 What test confirmed diagnosis? Medical history Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12/2, 1937
 Where did injury occur? St. Louis Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling out of bed
 Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) John C. Corne M. D.
 (Address) St. Louis, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, J Wm Binkley, Licensed Embalmer No. 3653

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

L. E.

No. _____ or by Carl Huck, Registered Apprentice No. X 1
working under my personal supervision.

Signed J Wm Binkley
Licensed Embalmer No. 3653

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.)