

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

1046
Do not use this space.

1. PLACE OF DEATH FEB 12 1938

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City (d) Street No. 21 Macys 77051 - Infirmary St. Registered No. 902
(e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Davis 120
(a) Residence, No. 319 So Compton St. 18 (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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 1900
7. AGE YEARS 37 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundry
9. Industry or business in which work was done, as saw mill, bank, etc. 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) St. Louis - MO (STATE OR COUNTRY)
13. NAME Father: Rankins Hatfield
14. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)
15. MAIDEN NAME Mother: Ella Reed
16. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)
17. INFORMANT Carrie Crowley (ADDRESS) 4542 Garfield
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington PK DATE 1-27-1938
19. FUNERAL DIRECTOR J. E. Lewis (ADDRESS) Webster Groves
20. FILED JAN 25 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938 to Jan 23, 1938
I last saw her alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 3:58 p. m.
The principal cause of death and related causes of importance were as follows:
Acute yellow atrophy of Liver Date of onset Jan 9
1250
Other contributory causes of importance: Drugs - (arphenamin) not an overdose. not an addict
Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify (Signed) W. A. Young M. D. (Address) 2316 1/2 Market St. Louis

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. C. Lewis, Licensed Embalmer No. 2027

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 J. C. Lewis
Licensed Embalmer No. 2027

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.)