

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27354

Do not use this space.

7368

1. PLACE OF DEATH

- (a) County Registration District No. **791** ✓
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **5833 Plymouth** St.
 (e) Length of residence in city or town where death occurred **38** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- MARY LEE DAVIS**
 (a) Residence, No. **5833 Plymouth** St. **5** (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 <i>(write the word)</i> married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyra K. Davis		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1863		
7. AGE	YEARS 75	MONTHS 6
		DAYS 4
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co., Mo.		
FATHER	13. NAME John W. Jennings	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg, Va.	
MOTHER	15. MAIDEN NAME Cyrena Hammond	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
17. INFORMANT (ADDRESS) Cyra K. Davis 5833 Plymouth		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6175 Delmar Blvd.		
20. FILED AUG 13 1938 <i>J. B. Buehler</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/18/38**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **July 18th**, 19**38**, to **Aug 18th**, 19**38**.
 I first saw him alive on **Aug 17**, 19**38**. Death is said to have occurred on the date stated above, at **7:10 A.M.**
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis (Heart Disease) with Date of onset **1924**
Wernicke's Encephalopathy

Other contributory causes of importance:
Chronic Nephritis of Interstitial type 1937
Secondary Anemia

Name of operation Date of
 What test confirmed diagnosis **Chrom. Len.** 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) **Louis J. Arthur** M. D.
 (Address) **3720 Washington, St. Louis, Mo.**

Mr. & Mrs. Brown
3720 Washington
2:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Emb Cert Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27354

Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 491
 (b) Township..... Primary Registration District No. 1003
 (c) City St Louis (d) Street No..... St.
 (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.

Registered No. 7368

2. PRINT FULL NAME Mary Lee Daves

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 - 6 4

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.
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 8-20-38

19. FUNERAL DIRECTOR (ADDRESS)

20. OCT 8 1938

J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18, 1938

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..... m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) Lorian F. Gutter, M. D.

(Address) 3720 Washington
27 hours

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1938

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