

DEC'D FEB 10 1939

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

643

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003** Registered No. **643**  
(c) City..... **St. Louis Mo** (d) Street No. **1038 N. Leffingwell** 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.

2. PRINT FULL NAME **12-0 Lucinda Davis**

(a) Residence, No. **1038 N. Leffingwell** St. **[21]** (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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIDOW OF **Widow of Henry Davis**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**About 89 - - -**

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. **"None"**  
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) **Lexington Miss,**

FATHER 13. NAME **Unkwon**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lekington Miss /**

MOTHER 15. MAIDEN NAME **? Marseillan**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington Miss**

17. INFORMANT **Lemmie France**  
(ADDRESS) **1038 N. Leffingwell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **1-23-39**

19. FUNERAL DIRECTOR **Pinkie L. Toney**  
(ADDRESS) **3129 Lucas Ave**

20. FILED **JAN 20 1939** **J. F. Budeck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-16-1939**

22. I HEREBY CERTIFY That I attended deceased from **1-14-1939**, to **1-16-1939**

I last saw him alive on **1-16-1939**. Death is said

to have occurred on the date stated above, at **9 a.m.**

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

**Chronic Myocarditis 2 yrs**

Other contributory causes of importance:

**Chronic Interstitial Nephritis 3**  
**(Surrendered)**

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 **Thos A. Ryan**, M. D.

(Signed) **Thos A. Ryan**, M. D.  
(Address) **2811 A Wash St.**

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Clark Manning*  
Licensed Embalmer No. 3371

**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.)**