See also 8147-39

FILED APR 10 1939

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

12705 Do not use this space.

1. PLACE OF DEATH
(a) County Wayne. Registration District No. 890
(b) Township St Francois. Primary Registration District No. 6188 Registered No. 14
(c) City or Greenville. (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.

2. PRINT FULL NAME Emma W. Davidson.
(a) Residence, No. Kime, Missouri. St.
(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~~ (OR) WIFE OF William, R. Davidson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10.-1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	II	I4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
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) Retired.
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) St Louis, Mo (STATE OR COUNTRY) St Louis County.

FATHER
13. NAME Charley Wagner,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Hannah, Swizer.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT William R. Davidson.
(ADDRESS) Kime Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Cemetary DATE Mar 1st 1939
St Louis.

19. FUNERAL DIRECTOR (NAME) Wm. F. Paschedag.
(ADDRESS) 2825 N. Grand Blvd. St Louis Mo.

20. FILED Mar. 27. 1939 Mabel Beasley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to 2/24, 1939
I last saw h. alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 4-20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Intestine	2/1935

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? No
If so, specify
(Signed) O. A. Meyers, M. D.
(Address) Greenville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

SUM-9-19-38 I X16605

SEP 16 1948

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.....

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.