

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.

JUL 12 1939

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

20428  
Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County..... / Registration District No.....  
(b) Township..... / Primary Registration District No.....  
(c) City..... St. Louis..... (d) Street No..... Deaconess Hospital..... 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. 5272

2. PRINT FULL NAME

Mae E. Davis

(a) Residence, No. .... St. **NR** Festus, Mo.  
(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 Herbert G. Davis		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1900		
7. AGE	YEARS 38	MONTHS 7
		DAYS 21
		If LESS than 1 day, ..... hrs. or ..... min.
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) May 30, 1939	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Appleton, Mo.		
FATHER	13. NAME George F. Meyer	
	14. BIRTHPLACE (CITY OR TOWN) Missouri	
MOTHER	15. MAIDEN NAME Anna Camerson	
	16. BIRTHPLACE (CITY OR TOWN) Missouri	
17. INFORMANT Herbert G. Davis (ADDRESS) Festus, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo. DATE June 14, 1939		
19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc. (ADDRESS) 4700 Washington Blvd.		
20. JUN 12 1939 19 J. F. Buechler Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-1939

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939 to June 12, 1939  
I last saw her alive on June 11, 1939. Death is said to have occurred on the date stated above, at 1:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Paralytic ileus	Date of onset 6/4/39
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Other contributory causes of importance:  
Atherosclerosis following operation previously performed  
Chronic enteritis  
Name of operation: Enterostomy Date of 6/7/39  
What test confirmed diagnosis? Clinical 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? .....  
If so, specify .....  
(Signed) John D. Maynard, M. D.  
(Address) Melrose Blk City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Robert G. Hopper*

Licensed Embalmer No. 2971

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.**