

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 941Registrar's No. 941Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1429 North Euclid Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME ANNIE E. DAVIS.3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-16-80414. Sex. Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married6. (b) Name of husband or wife. John P. Davis. 6. (c) Age of husband or wife if alive. 72 years7. Birth date of deceased August 11, 1869.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 5 17 hr. _____ min.9. Birthplace Carthage, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business at home12. Name DeBo Anthony.13. Birthplace ? Missouri.
(City, town, or county) (State or foreign country)14. Maiden name Cardine Berrymann.
15. Birthplace ? Missouri.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mr. John P. Davis.(b) Address 1429 North Euclid Ave.17. (a) Burial (b) Date thereof 1-31-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Marissa, Illinois.18. (a) Signature of funeral director Geo. L. Pleitsch Inc.(b) Address 5966-68 Easton Ave.19. (a) JAN 30 1940 (b) J. B. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1429 North Euclid Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th.
year 1940. hour 7.20 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis
arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____Address Deputy Coroner Date signed 1-31-40

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 3454

David C. Gibson Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton, Houston

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.