

No. 2
1-10-39
-17-39
X21452

DEAD MAY 15 1940

State File No. _____

3506

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5316 Pershing 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit write "RURAL")
(d) Street No. 5316 Pershing Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

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3. (a) PRINT FULL NAME James Davidson 132

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth M. 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 10 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 6 hr. min.

9. Birthplace Paris, Texas ~~Washington~~
(City, town, or county) (State or foreign country)

10. Usual occupation Broker

11. Industry or business _____

12. Name (P) Davidson 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Davidson

(b) Address 5316 Pershing Ave.

17. (a) Removal (b) Date thereof 4-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EDWARDSVILLE, ILL.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 17 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1929 1929 to April 16 1940.
that I last saw him alive on April 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver
Nephritis

Due to Alcoholism

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Julius H. Hoppe (M. D. or other M.D.)
Address 4500 Olive Date signed 4/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Albert G. Hoffe

Licensed Embalmer No. 2991

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.