

SEP 25 1940

Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **7022**

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town Saint Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4112 Juniata Street. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether years, months or days)  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Belle Davis, 1203. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 6. Color or race White 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife. Burt Davis 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased. July 24th, 1884.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 0 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace. Alto Pass Illinois.  
(City, town, or county) (State or foreign country)10. Usual occupation. At Home

## 11. Industry or business \_\_\_\_\_

- MOTHER FATHER  
 { 12. Name Joseph Newbury  
 { 13. Birthplace Unknown Illinois  
 { 14. Maiden name Allice Stone (State or foreign country)  
 { 15. Birthplace Unknown Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Burt B. Davis  
(b) Address 4112 Juniata Street.17. (a) Burial (b) Date thereof August 20, 40.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Pickers Cemetery18. (a) Signature of funeral director. Ziegenhain Bros.  
(b) Address 2623 Cherokee Street.19. (a) AUG 19 1940  
(Date received local registrar)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town Saint Louis. 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4112 Juniata Street.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th,  
year 1940. hour 5 minute 5 P.M.21. I hereby certify that I attended the deceased from August 16, 1940, to August 17, 1940  
that I last saw him alive on August 17, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Purpura Thrombotica  
Due to Arteriosclerosis

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 Carl E. Dudley (M. D. or other) 8/19/40  
Address 605-9 Metropolitan Bldg. Date signed \_\_\_\_\_

**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..... *V E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address. *2623 Clermont* .....

**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.**