

RECORDED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

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

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: \_\_\_\_\_  
1426 Union Blvd. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
60 years.  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Nora Sullivan Davis. 177

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Michael Davis. 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March 10, 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 13 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Ireland. County Cork  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

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

12. Name Michael Sullivan

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

14. Maiden name Ellen Cronin.

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

16. (a) Informant Ann Davis  
(b) Address 1426 Union Blvd.

17. (a) Burial (b) Date thereof AUG. 26. 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (c) Signature of informant Ann Davis  
(b) Address 1431 Union Blvd.

19. (a) AUG 24 1940 (b) J. J. Rudick  
(Date entered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis L  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1426 Union Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23  
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 1940  
to \_\_\_\_\_ 19\_\_\_\_, to August 23, 1940;  
that I last saw her alive on August 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis a part of  
sinus changes Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Recent death of husband  
(Include pregnancy within 3 months of death)  
to whom she was much attached.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 93C

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? \_\_\_\_\_

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

23. Signature H. Nelson (M. D. or other) \_\_\_\_\_  
Address 5449 Delmar Date signed Aug 23/40

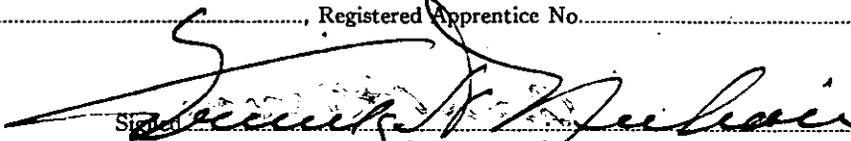
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**STATEMENT BY LICENSED EMBALMER**

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  .....

Licensed Embalmer No. 2915 .....

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, fact should be so stated above.**