

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32569
Registrar's No. 1871

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Elmwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chicago Bldg.
(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 St Louis
(c) City or town Elmwood
(If outside city or town limits, write "RURAL")
(d) Street No. Chicago Bldg.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Elizabeth Davis
(b) If veteran, name war L
(c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 7th
year 1941 hour 6 PM minute _____ M.
21. I hereby certify that I attended the deceased from Aug 31
1941, to Sept 7, 1941;
that I last saw her alive on Sept 5, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race col
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Albert Davis
(c) Age of husband or wife if alive 82 years
7. Birth date of deceased Mar 4 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to Senility
Other conditions Bed sores
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 6 Days 3
If less than one day _____ hr. _____ min.

Major findings: Of operations none
Of autopsy none
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 _____

9. Birthplace Humbo Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic

11. Industry or business _____
12. Name unknown
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)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
16. (a) Informant's own signature Albert Davis
(b) Address Elmwood Mo
17. (a) _____ (b) Date thereof 9 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Ep
18. (a) Signature of funeral director W.F. Waller
(b) Address 2707 Stoddard St
19. (a) SEP 10 1941 (b) C. J. Mc Larron
(Date received local registrar) (Registrar's signature)

23. Signature B. G. Gausman (M. D. or other) _____
Address Creve Coeur Mo Date signed 8/9/41

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delma

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.